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OF THE
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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

EDITED BY
J. J. DRYSDALE, M.D.,
J. RUTHERFURD RUSSELL, M.D.,
AND
R. E. DUDGEON, M.D.

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

THE THEORY OF HOMŒOPATHY,

By P. P.

“ — Si quid novisti rectius istis,
Candidus imperti ; si non his utere mecum.”

HOR. SAT. EPIC. B. I, 6.

I ENTERTAINED, in common with most people, a contempt for homœopathy until the other day, when a friend put in my hand two treatises on this subject, referred to in the course of the following notes. I read them attentively, and closed them with the conviction that homœopathy is true in practice but absurd in theory.

True in practice, because I felt it impossible to resist the evidence of its success, set forth in the statistical reports of hospital treatment, extending over a vast surface of the civilized world, which are published in one of those treatises.

Absurd in theory, because it appeared to me that the principle by which the homœopaths profess to explain their system, viz., “ *similia similibus curantur*,” or “like cures like,” is no explanation at all, or, if any, that of the *ignotum per ignotius*.

Notwithstanding the maxim be of such antiquity as to be found in a work attributed to Hippocrates—notwithstanding it was asserted by Paracelsus against Galen, who taught the more rational doctrine of antidotes, or *contraria contrariis*—and notwithstanding that it floated about the world in an uncertain condition till, at length, it was embodied in a regular system by the genius and skill of Hahnemann, the acknowledged father of homœopathy—still, neither the authority of great names, nor the sanction of time, can recommend an absurdity, or make a

rational being believe that any evil, whether moral or physical, can be cured except by its antidote.

The assertion of so unintelligible a principle, together with the infinitesimally diluted medicines, of which a healthy man may eat and drink his fill, dispatch a whole chest at breakfast, without any sensible effects, seems, indeed, to court for homœopathy the epithets of humbug and hocus-pocus so unsparingly bestowed upon it by its adversaries; while, on the other hand, its practical success restrains the sneer and commands respect.

Surely, said I to myself, there must be some way of reconciling these opposites. A system so true in practice must be true in theory also, and be susceptible of some rational definition.

Any medicine, I considered, will produce the effects proper to it, if not hindered. Medicine does not produce its proper effect in the homœopathic treatment. What hinders it? If it do not act by its own recognized specific virtue, it must act by some other virtue. What is it? The answer to these two questions, as it seemed to me, must involve the secret of homœopathy. The answer I propose is contained in one word,—magnetism; and my assertion is that—

Homœopathy does, in fact, cure on the universally received and rational principle of opposition, or "*contraria contrariis*;" in other words, by the antagonism of like poles.

If I can make good this assertion, I shall have the satisfaction, and it is all I pretend to, of removing from a system, which I now believe to be true, a stigma which it does not deserve.

For the establishment of my proposition it will be necessary to premise a few particulars:—

1. There is a certain power, or force, or influence, lately discovered by Baron Von Reichenbach, by him called odyle, which is analogous to heat, electricity, galvanism, and magnetism, commonly so called, but so distinguished from them all as to challenge a place of its own, and that a most important one, among the imponderable elements.

2. This force resides in the magnet, but separately from that force by which the magnet acts on the needle. It has no action on the needle, but a powerful one on the living nerve; in which respect it is a magnetic force and pole.

3. It is universal as the air. It resides in all bodies—signally in the human body—is communicated by all bodies, and through all, even through living beings; and, from its immediate connexion with vitality, it seems to contain the mystery of life. Consequently, it stands in direct relationship to health and disease.

4. Heat, friction, electricity, and especially chemical action, develop it; and, wherever and however developed, it invariably exhibits its innate polarity. Consequently, in the human body, it is polar, by reason of the chemical action which is always going on in the human body.

5. In regularly formed bodies, such as crystals, this force acts with a polarity which is dependent on the disposition of the molecules of those bodies.

6. But, as it resides in matter universally, as such, it resides also in amorphous bodies; and though it be latent in them, as respects direct polar action, it gives them, nevertheless, a character of polarity, and renders them chemically negative or positive.

7. In regard to this force, therefore, all bodies arrange themselves in what may be called odylo-chemical order; and this order is found to correspond exactly with the electro-chemical: on one side, we have the odylo-positive, with potassium at their head; on the other, the odylo-negative, headed by oxygen.*

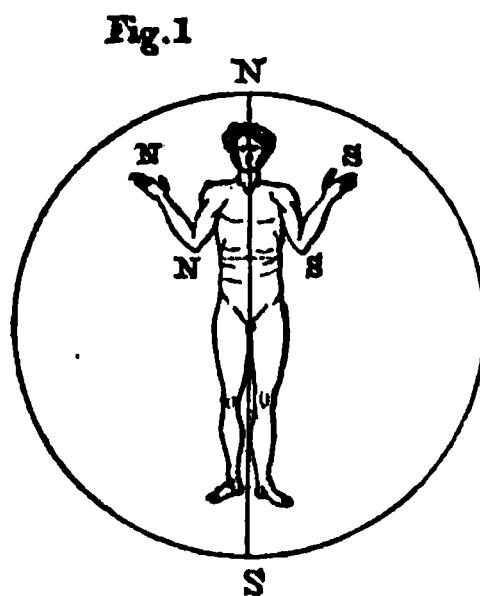
* All solid and liquid bodies, without exception, says Reichenbach, excite sensations of coolness or warmth, according to their polarities. Mdlle. Reichel, one of his patients, guided by her sensations merely, arranged a great number of substances, without seeing them, according to their chemical character of negative and positive, with the nicest discrimination. It is upon this principle, that the left hand communicates warm sensations, the right hand cool sensations: the former having a south polarity, the latter a north polarity: and then, as observed in No. 9, there is a true polar opposition between the two hands.

As all substances causing warm sensations are positive, so all positive substances cause warm sensations. The same holds good, in the opposite sense, of negative bodies. Thus, says Reichenbach, we arrive by a new path at an electro-chemical arrangement of bodies, which we may call odylo-chemical.

It has been proved by careful experiments, that all bodies which shine by their own light, such as the sun, stars, fire, candles, are negative and give out coolness, in the *odylic* sense; and that those which shine by reflection, such as the moon, are positive, and give out warmth in the same sense.

8. The same force, by its residence in the human body, renders it magnetic. It is polar in the human body by reason of its duality.

9. The human body is divided as to polarity. The whole right side is north and negative—the whole left side south and positive. A principal axis of power lies across the body, making it transversely polar. Of this axis the two hands are the poles, the right hand north and negative, the left south and positive; constituting a regular polar opposition. It is the magnetic circulation through this transverse axis to the hands on either side, in the manner of a horse-shoe magnet, that divides the body into north and south polarity. Thus—



The dotted line across the body represents the transverse axis, and the two hands its poles—right north, left south.

10. In this hemisphere the north polarity of the body is stronger than the south. It is the predominant polarity.

11. Whatever favors or opposes the vitallodylic circulation is agreeable and beneficial, or the reverse. The position from north

The warmth caused by positive, or south polar bodies, always produces distressing sensations in sensitive persons. Hence it is, that the moon has such a bad effect on lunatics. But, besides this action common to all bodies of south polarity, the moon has been proved to exercise a singular attractive influence on the living body. When dogs bay at the moon, they are probably under this influence. The knowledge of these facts will, it is to be hoped, lead to some improvement in the treatment of lunatics.

With regard to the effects of the negative, or north polarity, of artificial light, on sensitive persons, Reichenbach says, "Mdlle. Marx perceived a peculiar coolness from wax candles brought near to her in daylight. She felt it still at a distance of twenty-four feet, through two adjoining rooms. This observation made her remember that in church, on occasion when hundreds of candles are lighted, she was never able to hold out, being chilled to her marrow. This patient was born sensitive. She was not sensitive from disease only, but naturally so. Here we see the effect of the light was opposite to the usual effect on ordinary persons. Mdlle. Reichel yielded the same result."

to south is the normal position for all the reactions of magnets, &c., on the living sensitive body, whether diseased or not, but more especially if diseased.

12. All human bodies are affected by odylo-magnetism, consciously or unconsciously.

13. The presence of disease heightens the consciousness;

14. And the diseased nerve is præternaturally sensitive.

15. What it is that constitutes odylic sensitiveness is a secret; as much so as what it is that constitutes life is a secret; a deep secret, known only to the Author of life. So, likewise, the original cause of disease is a secret, because of its dependence on the vital principle.

16. From Nos. 8 and 11 it seems reasonable to conclude, that what I shall call the primary stage, by which I mean a step nearer than the original inscrutable cause of disease, is an inverted direction of the vitallodylic current in the part affected. The next, or secondary stage, is the specific disease in that part; the third, or critical, is the outward manifestation, or perceptible symptom thereof.

17. The first and second stages being hidden processes, it is therefore according to the third, or manifest stage, alone, called the symptom, that the physician can safely shape his medical treatment.

18. Now the body, by No. 9, being a magnet and polar, it cannot but happen that the symptom will exhibit the same polarity as the part diseased, or, in other words, will indicate the set of the odylic current in that part.*

19. And, as it is assumed in No. 16, that the primary cause of disease is an inverted direction of the vitallodylic current, the remedy indicated must be a repellent, to check the false set and restore the true one.

20. In magnets, like poles repel each other. That the same effect takes place in the case of odylo-magnetic poles has been

* All odylo-positive bodies, says Reichenbach, send forth warm flames, all odylo-negative cool ones. The flames, therefore, in regard to the apparent temperature, have the character of the poles from which they proceed; and, consequently, the flame indicates the character of the body, or pole of the body, from which it flows. Apply this to the symptom.

clearly demonstrated by experiments on crystals as well as on the human body.*

21. What remains, then, but to choose a medicine of the same polaric character as that of the disease, that is, either negative or positive, as the case may require?

22. How is the polarity of the disease to be ascertained? Here, availing ourselves of the grand but ill-defined principle of homœopathy, that like cures like, we find, upon examination, that a medicine which produces in a healthy subject the like disease, is, and must necessarily be of the like polarity. For the symptom, by No. 18 and note, being of like polarity with the disease, the medicine that would produce the like symptom in a healthy subject, must also be of like polarity with the disease. Things that are equal to the same thing are equal to each other.

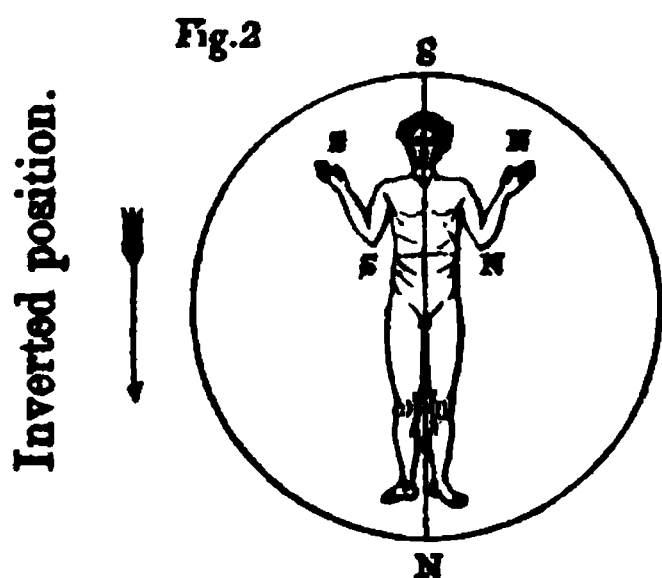
23. The substance of the above proposition is made good, I think, by the following experiment of Reichenbach. He placed his subject, who was highly sensitive, in a position unconfortable to the magnetic meridian, that is with the head to the south, instead of the north,—a position which invariably produces distressing sensations, restlessness, nausea, &c., disease in short in *sensitive* persons. And it does so, because it reverses the true set of the odylo-magnetic, or vital current, which invertedness, as I have observed in No. 16, is the primary constituent of all disease.† In this position, a position of disease,

* We know from the experiments of Reichenbach, that flames of odyle issue from the poles of magnets, and from the polar parts of the human body; and that on like poles being presented to each other, the flames are mutually forced back, and, on contact, disappear. "When I approached both poles," says Reichenbach, "with my right, i. e. negative side only, only one flame was extinguished, viz., the blue negative flame; while the other, i. e. the positive became more luminous and more intensely red. With my left side this was reversed. It is, therefore, the odylic state of the whole person which acts as a magnet, and a very powerful one, and as strongly as magnets act on magnets, when like poles are brought together."

† Therefore all hospital-beds should be placed north and south, so that the patient, lying with the head to the north, may be in the true magnetic meridian. A speedy or protracted cure, in the case of sensitive patients, would be respectively the result as this direction were complied with or not. In some cases life and death might depend upon it. Homœopaths should be particularly observant of this rule, their treatment being essentially magnetic.

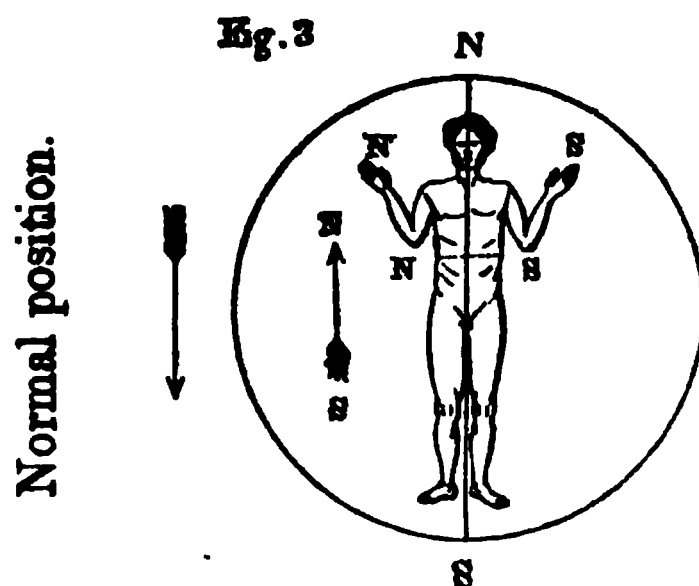
be it remembered, Reichenbach says, "all the manifestations of sensitiveness are inverted. The passes of the magnet, hitherto beneficial, become disagreeable and almost intolerable. Smells that before were agreeable are now the reverse, and *vice versa*. When restored to the magnetic meridian, the phenomena of disease instantly disappear;" which shows in what close relationship health and disease stand to polarity.

Let us examine this case a little; which may best be done by comparing the inverted with the normal position.



The figure represents a person with the head to the south; the dotted line across the body is the transverse axis, of which the two hands are the poles; the right hand south, the left north, dividing the whole body into opposite polarities, the right half south, the left north (by No. 9). The arrow represents the set of the odylic current in a body so placed.

Here the odylic current is reversed. The whole sentient system is deranged and out of course, being inverted against the normal current of vital motion (see No. 11). The influence of the south pole, which in the normal position produces disagreeable sensations analogous to disease, here produces agreeable sensations analogous to health; and it does so because it acts conformably to the set of the inverted current. Here, then, we find that the same polarity which in the normal or healthy position produced a sensation analogous to disease, cures it when the position is inverted or unhealthy. It will be objected that, in the instance I have given, it does not produce this effect by the antagonism of like poles, but by the affinity of unlike. True; but in the case of a partial disease, the whole being of the patient is not inverted, as here supposed. The odylic current is only partially inverted; that is, in the diseased organ, or nerve; the vitallodylic current being, in other respects, in the true direction of health. Therefore, in such a case, the polarity would effect the cure, not by the affinity of unlike poles, but by the antagonism of like ones. Thus—



Let the small arrow within the sphere represent the inverted current in the diseased part. The south polarity, which was conformable to the wholly inverted position, here acts only on the partially inverted current in the diseased nerve; and in this, the normal position, it acts, obviously, as an antagonist, or repellent, and so cures by repulsion.

Let us confine ourselves to the instance of inverted smell, as more analogous to the common notion of disease. Here the influence of the south, or positive pole, by its general action on the subject placed south and north, that is, unconformably to the position of health, inverted the normal or healthy sensitiveness of the olfactory nerve. A partial polarity of the same denomination in the olfactory nerve of a person placed north and south, that is, in the conformable, or normal position of health, would produce the same derangement, equivalent to disease, in that part. But, as the application of the south pole reverses the sensations of a person placed north and south, so it would reverse the diseased sensation of the olfactory nerve, represented by the small arrow above, in the case supposed; and it would do so by antagonism, like pole meeting like. Thus, the same polarity that would produce the inverted sensation, or disease, would cure it.

Take a further illustration. Reichenbach has found, "that persons placed within the sphere of odyllic action only feel comfortable when to the polar parts of their own bodies the oppositely named poles are presented. When like-named poles are brought near each other, unpleasant sensations, amounting to illness, are produced." Therefore, by reason of this very antagonism, if a diseased nerve be met with the same polarity

that wrought the disease, the false current being reversed, it is restored to health. So that the same polarity which produces illness in health, produces, *e converso*, health in disease. In whatever part of the odylic circulation the inverted current, or disease, may lie, the antagonistic polarity will act upon it, especially and directly, by reason of the especial and præternatural sensitiveness of the diseased nerve to the odylic influence (see No. 14); and, as the like flames of magnets are mutually forced back and extinguished, so will the disease be extinguished, on the same principle of opposition (see 20 and note).

Take an example or two, which are brought forward by Homœopaths, as illustrations of their principle, that "like cures like."

Frozen limbs are cured by the application of snow and ice. Here we have the polar antagonism. Ice and snow are intensely positive; so is the frost in the limb.

Burns are cured by the application of fire. Fire is intensely negative; so is the burn in the limb. Here, it is true, "like cures like," but the reason of the cure lies, not in the similarity of the symptoms, but in the antagonism of the polarity. Take a noble instance, independent of disease, and therefore a better illustration of the general law. The sun extinguishes fire—why? Because both are negative.

The conclusion, therefore, of all that I have said in this illustrative article is, that the polarity of the medicine required to produce the like disease in a healthy subject, is the polarity of the diseased nerve, as asserted, No. 22. As it seems impossible that we can ever discover the polarity of the internal disease, except by its outward manifestation, or symptom (see Nos. 16, 18 and note), interpreted by the polarity of the medicine that would produce a like symptom, herein we must acknowledge one great obligation to homœopathy. This, the indicative property of the medicine, is to the physician what the needle is to the mariner—his sure and only guide.

24. The denomination of the medicine being thus ascertained, we turn to the medicinal substances, and we find them arranged to our hands, according to the law of odylo-magnetism, in two copious classes, which are constantly increasing by new disco-

veries, negative and positive, as indicated in No. 7. The class in which the medicine required to produce the like symptom is contained, determines, as we have seen, the polarity of the disease.

25. The medicine chosen, though, by reason of its amorphous construction, its polarity be latent, as hinted in No. 6, yet, when submitted to the chemical action of the body, it becomes polar, by No. 4 and 8.

26. Owing to the præternatural sensitiveness to the odylo-magnetic influence in the diseased nerve (Nos. 14 and 28), the odyle of the medicine acts with its innate polarity especially and directly on that nerve; and, as its polarity is similar, it acts as a repellant or antagonist.

27. But, forasmuch as the medicine has two properties, the one odylic and polar as to the diseased nerve, and the other its peculiar specific property, whereby it produces a disease of its own, similar to that which it is meant to cure; it is clear that these two should be so adjusted as that the specific virtue may be entirely subservient to the polarity, and the medicine be thus restrained from establishing its own dominion.

28. Therefore, the balance of the polarity of the medicine with its specific virtue, and both of these with the sensitiveness of the patient, constitute the law of quantity in the exhibition of medicine; and in the right estimation and adjustment of these balances lies the skill of the practitioner.

29. Here, then, we arrive, by a regular sequence, at the proposition I have asserted *in limine*, viz., that homœopathy does, in fact, cure on the old received and rational principle of opposition, or *contraria contrariis*: in other words, by the antagonism of like poles.

30. The true test of any theory is this—whether or not it explains, easily and without violence, all the phænomena of its subject. I humbly venture to say, that the theory I have proposed does explain all the phænomena of homœopathy; while, on the other hand, that of its professors, so far as I am acquainted with it, leaves them in the dark. I have two of their treatises before me: “A Sketch of Homœopathy,” by S. C. Davids, M.D., and the “Concise View,” published by the Homœopathic Society of

Dublin; both of them, as it seems to me, very sensible and trustworthy, so far as practice is concerned. A consideration of one or two of the positions laid down in these works will, I think, make good my assertion.

81. In the former of these the medicine is spoken of as “acting on the side of the disease;” we are told of a “collusion between the medicine and the disease.” How dark is this! How repugnant to reason, that any disease should be cured by a reinforcement of it—by an ally! Well may the author say, “We hardly expect that such explanations will suffice to allay the objections of all minds.” But bring us an opponent against it of equal power, and then we understand how it may be defeated. I hope I have shown that such an opponent is really introduced in the homœopathic remedy.

82. We are told that the diseased organ alone is susceptible to the homœopathic doses. Why? The homœopaths give no satisfactory answer to this question. It is answered above, in Nos. 14 and 23—the diseased nerve is præternaturally sensitive to odylo-magnetism.

83. Hahnemann found that large doses aggravated the disease. But why he could not tell. The reason is given in No. 27. The powers of the specific virtue of the medicine being greater than the power of its odylic polarity, it “acts on the side of the disease,” and increases it. Here is a real and intelligible “collusion between the medicine and the disease.” *

84. On the other hand, the medicine being given in infinitely small quantities, if its polar antagonism be not equal to invert, at once and permanently, the polarity of the diseased nerve, and so extinguish the disease, it may be brought up to the mark by repetition at intervals. This would be the case,

* In the homœopathic treatment the medicine is sanative inasmuch, as it is a vehicle of odyle; when it is more than this, that is when it acts *suo jure*, it is hurtful. This may be illustrated by the action of fire on sensitive persons. Fire, inasmuch as it is a vehicle of negative odyle, acts on sensitive persons placed at a little distance from it, as a negative pole, and imparts to them a sensation of cold. (See No. 23, p. 6, and note p. 8.) But apply the fire too near, or in too great a quantity with respect to the distance of the subject, and then, the specific property, overpowering the odylic property, the fire acts by its own specific virtue, and is destructive. The action of the homœopathic medicine, I say, is exactly similar to the action of the fire in this instance. It either acts as a vehicle, or it is destructive.

and this would be the practice, we suppose, in chronic diseases, where the inveterate habit can only be overcome by reiterated opposition of the like force. It is rational, therefore, for both these reasons, to use the minutest doses; for the smallest conceivable being polar, must be of great power, and may be, and often is, of sufficient power. Thus, by the theory I propose, the mystery of the infinitesimal doses, which is the scorn of the allopathists, is cleared up.*

* The smallness of the dose is, indeed, utterly inexplicable by the principles of the Homœopaths, and, accordingly, it affords a handle to the adversaries of their system, which they have not overlooked. Dr. Hayle makes the following remarks on the subject. "It is needless to say much about the dose in which the remedies are given. Every practitioner gives such a dose as will produce a sufficient curative effect: but the dose is not the principle on which the medicine is given. It is, in fact, only the result of observation: not deduced from any known facts by reasoning. The ridicule, therefore, which attacks the smallness of the dose, after its necessity has been established by observation, is a ridicule of the Creator, who established such a relation between the quantity and its effects on the living body; and if the ridicule be manifested before the experiment is made, it is premature; for no one can know in an experimental manner what is absurd until he has tried it. If they will have their laugh, let them earn it by a trial; and if they won't try, let our laughing friends cease to laugh, and reflect, at least, on some facts which they know, viz., that every man in passing over a hill side leaves something on the ground, or in the air, which no chemistry can detect, and no microscope perceive, but which has its existence nevertheless, and its value, for his faithful hound. Let them remember, too, that the causes of the most virulent plagues which occasionally decimate and may one day depopulate our globe, are equally impenetrable, intangible, and invisible; and that there is no great absurdity in attempting to meet agents of so subtle a nature by agencies as subtle as their own."

This is an ingenious apology, and in the latter part it fetches near the truth. The homœopaths do, indeed use an agency that is as subtle as the disease, all-pervading, in its invisible progress mingling itself with all things, it does especially deserve the epithet of subtle; yet there appears to be something in it of the material too, for the flames seen by sensitive persons to issue from the poles of magnets, and of the human body, may be blown backwards and forwards by the breath, and they yield smoke like other flames, though without diminishing, either in size or weight, the substances from which they proceed. From some very ingenious experiments made by Reichenbach on an artificial sphere or terrelle, it would seem that the aurora borealis consists of streams of odylie flame rising from the pole of the earth, which is itself a vast magnet, and flickering over it, visible to all eyes, not only to those of the sensitive, by reason of their enormous mass. But the most admirable properties of odyle are its polarity, whereby it renders the

35. We are told by the homœopaths that cases occur in which the sensitiveness of the patient is so exquisite that it will not endure the smallest dose, and that in such cases they find the mere smell of the drug to be effective. This apparent enigma is solved by the odylic theory. It has been proved by Reichenbach, that any substance, even of the amorphous class, if it be only of decided electro-chemical character, acts on sensitive persons at sensible distances, and all bodies whatsoever may be charged with it. In which is seen the distinction between odyle and magnetism commonly so called. Only a very few bodies can be charged with magnetism, and it is not known that diamagnetism can be at all communicated. The drug gives out its odyle (by No. 3), which is inhaled by the patient, and, being of the proper polarity, acts directly on the diseased part (by 14 and 20). Here we have a notable example of the vehicular agency of the drug in the curative process.

36. Hahnemann hovered near the truth when he discovered that trituration and succussion increased the power of medicine. Had he perceived the true reason of this, he might have placed his system on a firm scientific basis. But the discovery of the new element had not yet been made. The reason is, that trituration and succussion develop electricity, and electricity excites odylic activity (see No. 4), which operates specifically on the diseased nerve (No. 14); and this operation is peculiar to odyle (see preceding note at the end). "The violent action of odyle on the irritable nerve of sensitive persons," says Reichenbach, "forms a remarkable contrast with the absence of any peculiar effect of electricity on the same individuals, currents of galvanic and friction electricity and shocks of Kleist's vials are borne by sensitives just as by others."

37. On the same subject, the author of the "Concise View" says—"Substances which in their primitive unprepared state exercise little or no medicinal influence on the human frame, such as animal and vegetable charcoal, silicea, gold, silver, lyco-

human body a magnet, and its elective affinity for the living nerve, whereby it is intimately associated with the principle of life, and is constituted the arbiter of health and disease. The susceptibility of its influence in the living body has been termed, not inaptly, by its discoverer, a sixth sense.

podium, zinc, common salt, sepia, metallic copper, iron, tin, platina, &c., become, by means of trituration, powerful and most valuable medicines. Virtual properties, which are latent and fettered in their crude state, are freed and developed by this mode of preparation; whether merely in consequence of a very minute subdivision of their particles, or of an electric or any other process, would be difficult to determine," p. 70. The doubt is solved by the odylic theory. The odylic properties are developed by "heat, friction, and electricity" (see No. 4), and those substances become medicinal by reason of the specific action of odyle on the animal nerve.

38. However, in the same work, p. 68, we are told that the process of trituration and succussion is not absolutely necessary to the effective operation of the homœopathic medicines; that it is indifferent, in short, whether it be used or not. My theory accounts for this also; for in No. 4 it is said, that the chemical action of the body excites the innate polarity of odyle; and, thus, it renders the preparatory process unnecessary.

39. "Hahnemann recommends that when once it is manifest to the physician that the medicine has taken effect, he ought either to abstain from giving it any further, or, at least, to be exceedingly cautious in its repetition; rather waiting until it ceases to produce any further beneficial effects, when he may repeat or change it, as the case may require; that a frequent repetition, when it is not necessary, often impedes the good effects of the medicine, or produces an aggravation of the disease."—(*Concise View*, p. 69.) This exactly agrees with the theory of polaric balancing. After a time, if repeated too often, or if given in too great a quantity, the medicine acts by its own proper efficiency, and aggravates the disease it was intended to cure. Why is this? Why not act by its own proper efficiency from the first? Why does it so operate after a time? And when it does so act, why does it aggravate the disease? What is the reason of this singular state, and period of time, during which the proper effects of the medicine are suspended? And why does aggravation ensue when the restraint is removed? The homœopaths do not, and, according to their principles, they cannot answer these questions. But they are all answered by

the theory of polaric equilibrium, by which the specific properties of the medicine are held in abeyance.

40. In the same treatise, p. 151, it is said, that “the re-action of the body stands in direct proportion to the acuteness of the disease; the more active and acute the disease, therefore, the more rapid is the effect of the medicine.” This is also in accordance with the theory I propose; the polaric antagonism is so much the fiercer—Greek meets Greek—the battle is the sooner ended.

41. In a treatise, entitled “*Homœopathy Explained*,” &c., by John Moore, we are told, that “peculiar constitutions, idiosyncracies as they are termed, are sometimes met with, where neither the new nor the old system of medicine will do any good; in such cases a course of Hydropathy will often remove the disease, or bring it into such a state that it is easily eradicated by homœopathic treatment.” In this particular, also, the odylie theory is, unhappily, in accordance with the facts of homœopathy, and explains them. It is not every one that is sensitive to odyle. Reichenbach supposed about one-third of the inhabitants of Vienna to be sensitive. If the proportion were, indeed, no greater than this, odylism would fail to account for the success of homœopathy. But Reichenbach restrains the term sensitive to those who are able to perceive the odylie flames of magnets, &c. Beyond this circle there must be a vast number of persons, embracing, perhaps, the greater part of the human race, who are sensitive to odyle in a sufficient degree for medical treatment. But, as I said, the fact that homœopaths meet, at times, with impracticable cases, is explained by the limitation of odylie sensitiveness.

42. And so on—were I to travel through the whole range of the homœopathic phenomena, I believe I should not find one that would fail to accommodate itself to the theory I propose. But it is time to put an end to this examination. The two principal tenets of homœopathy, viz., the like curing like, and the law of infinitesimal doses, which, on the one hand, are in themselves so repugnant to common sense, while, on the other, the homœopaths can render no satisfactory reason for them;

these are the points I have endeavoured, I know not with what success, to explain. Nothing that I have said interferes with the practice of homœopathy, but, on the contrary, if it be of any weight, and so far as it is of any weight, it tends to confirm it, by shewing, what homœopaths have hitherto failed to shew, that it is based on truth—on one of the immutable laws of nature—and that, instead of being hocus-pocus and humbug, it is a perfect science.

43. To have achieved thus much, if, indeed, I have achieved it, is no little. For, in the first place, to remove the stigma of absurdity from homœopathy must tend to reconcile the public mind to it. Secondly, it must give greater confidence to practitioners, and greater certainty to their practice, to know the principle upon which their system is founded. For instance, knowing that the process is odylo-magnetic, and having ascertained, in any particular case, the polarity of the disease, if the medicine they use do not answer their expectation, they will no longer be reduced to mere conjecture for the choice of another; for they know that it must be of a certain odylo-chemical character, and the odylo-chemical substances corresponding to the electro-chemical, they have, as I have shewn in No. 7, a copious and scientifically arranged series at their service, from which to select with this confidence, that as they are all of the proper polarity none of them can do harm, while one or other of them must certainly be effective. The intensity of their respective forces declines by a regular and well ascertained gradation, from Oxygen downwards in the one class, from Potassium in the other. The different degrees of intensity as well as the different natures of the substances themselves, may act differently on different idiosyncracies; and some medicines may afford greater facility than others for the development of odyle, irrespectively of their relative intensities, when submitted to the chemical action of the human body. Again: as it has been demonstrated by the experiments of Reichenbach, that the odylic current in the human body rises and falls at certain periods of the day, twice within the twenty-four hours, the practitioner knowing that his process depends upon the law of odylo-magnetism, will

time the exhibition of his doses so as to meet the current on its rise, and profit by its periodic activity.*

44. Upon the whole, and lastly, methinks I shall have achieved something, if I do no more than persuade the professors of homœopathy to give their science a more appropriate name. Names are important, because they are or ought to be, definitions. Homœopathy is odylo-magnetism. The specific action of the drug, on which they have founded their nomenclature, performing no part in the curative process, but, on the

* Here, we cannot but be struck with the analogy between this discovery of Reichenbach, and that of Dr. Laycock and Messrs. Quetelet, Schwann and Schweiz, of periodical intensions and remissions of the electric fluid in the atmosphere, coupled with corresponding motions of the barometer. The electric tensions are said to attain to their maximum twice in the twenty-four hours, between eight and ten in the morning, and again between eight and ten in the evening; the very hours at which Reichenbach found the odylic current to be at its height in the human body. These phenomena, without and within, may, I think, easily be reconciled with one another. Electricity, by No. 4, excites odyle. It sets free the odyle of the atmosphere, and "a body," says Reichenbach, "in which true odyle is developed, can excite in another body a similar odylic state." The electric tension in the atmospheric current would therefore naturally cause a corresponding excitement of the odylic current in the human and other organic bodies: "Even the electrical atmosphere can, at very considerable distances," says Reichenbach, "set in motion the new force." And this excitement of the odylic current would, by its peculiar action on the living nerve (see Nos. 14 and 36), produce certain physical effects analogous to health and disease (see No. 23). Accordingly, the very effects are mentioned by the authors I allude to, as taking place synchronically with the electric tension. "It is very remarkable," they say, "that these periods also mark the occurrence of certain organic phenomena, such as the beginning and conclusion of the exacerbation of fevers, the beginning and conclusion of excitement in the insane, the greatest excitability in the circulation," &c. (see "Periodicity of Vital Phenomena," *Chambers' Edinburgh Journal* for Sept. 1844, p. 185.) It is not the electricity, *per se*, we may confidently conclude, but the odylic activity it excites that produces these organic phenomena, and then, as I said, the two discoveries harmonize, and mutually illustrate each other. They are, in fact, the corresponding halves of one whole phenomenon. And this remarkable coincidence in general tends, so far as it goes, to confirm the whole of Reichenbach's system; for it upholds the main principle of it, namely, the peculiar specific action of odyle on the living nerve, and its consequent connexion with the springs of life, and with the phenomena of health and disease. Reichenbach, like all the great discoverers who have preceded him, has to contend with the hostility of prejudice. Every new discovery is looked upon by the professors of the science to which it belongs with jealousy; by some with malevolence and aversion. Poor human nature!

contrary, when it produces its own proper effect, increasing the disease, it is clear that the term homœopathy is, in fact, rather a libel than a true definitive term. I would propose homœopolar-odylism, or, for the sake of brevity, Homœodylism. I will only add, that the facts on which I have founded my argument in this paper are all taken from Baron Von Reichenbach's work on magnetism. I have done no more than make the application of them to my subject.

P. P.

7th September, 1850.

[WE think good may arise from the publication of the different ways in which scientific discoveries strike the minds of different reflecting individuals, and truths may be brought home to different people in different ways.

But we would recommend our author to examine a little further into the literature of homœopathy. He will find there that the polarity explanation is nothing new; and if it has not been given in exactly the same form as his, yet he will find that the German Homœopathic Journals are full of articles on the subject; nay, it has even been harped on, we may say, to the exclusion of more useful practical matter. Again: as to the explanation of homœopathic remedies acting therapeutically by antipathy, or antagonism, though physiologically by similarity, if he had read only a few numbers of this journal, he would have found that he was not singular in that, as we have taken every opportunity of stating that such was also Fletcher's opinion.

We would recommend him to study "Fletcher's Rudiments of Physiology," and more especially the chapter on life, for it is essential to have clear notions on that subject before venturing to attempt any explanation of vital phænomena. We think, by a careful perusal of that chapter, he will agree with us in adopting the views there set forth with unexampled clearness and precision.

He will there find that life is not a force at all, but an action, resulting from the operation of two conditions—a stimulus on the one hand, and a susceptibility on the other. All those agents, such as light, electricity, magnetism, odyle, &c., can merely act as stimuli; odyle is only one of these, and, no doubt, plays a part,

but only a part, in vital actions which must not be exaggerated. At present it looms large in the eyes of the scientific world, being new, just as galvanism once did, but time will bring it to its proper level, which will be, we venture to affirm, quite a subordinate one.

Our author's explanation also halts grievously, and, we fear, irremediably on the very threshold, for he tells us that homœopathic medicines cure by restoring the odylie equilibrium in virtue of the odylie force of the opposite poles they carry, but, at the same time, they also carry their peculiar specific power; the sole action he finds for this peculiar specific power is to produce the aggravation, which is not desired nor needed, and, therefore, the dose must be as small as possible; in fact, it plays the part of the fly on the chariot wheel. We think further investigation will reverse the position of these forces. In fact, our author falls into the error of John Brown, who attributed all vital changes to the modification of the amount of stimulus and irritability, and regarded quantity alone, speaking of them both as common properties. Now, the vast change produced by Hahnemann among practical men, and Fletcher among physiologists, is keeping in prominent view the specific character of the varieties of susceptibility and kinds of stimuli and the vital actions thus produced. Odyle is a common stimulus, *i. e.* common to a great variety of states, and if its polar influence were all that was wanted, what need of all our laborious investigation of the specific properties of drugs to their finest shades? In fact, all that is peculiar to homœopathy would be thrown overboard by any such an explanation. The real fact remains, we doubt not, that homœopathic cures take place by the antipathic action on the diseased tissues of a specific stimulus that would cause a similar disease in the healthy tissue, and the concomitant odylie action has nothing to do with the matter. Whether odyle may be used as an auxiliary to homœopathic treatment, or even as an independent homœopathic remedy is another and quite a different question.

Matteucci gives one a different idea of the importance of odyle from our author. According to the researches of that philosopher, heat, electricity, gravitation, magnetism, and other physical agents, play a certain, but always subordinate, part in

the vital economy, and many of these forces are the direct product of vital action, produced and used for its own purposes, whilst others are often only concomitant phænomena, so that the living body is only a recipient, or conductor of them, like dead matter, without their having any particular bearing on the vital functions. The exact position of odyle cannot yet be determined, but, doubtless, it is not more important than the powerful stimuli already mentioned, and, assuredly, it can have no more claim than any of these common stimuli to explain the action of peculiar independent specific stimuli.—EDITORS.]

ON UTERINE DISEASES.

BY HENRY R. MADDEN, M.D.

[*Read before the Homœopathic Congress, Sept. 13th, 1850.*]

THERE is perhaps no class of diseases concerning which the views of the profession have undergone so complete a revolution, within a comparatively short period, as that to which I am now about to draw your attention. Prior to the appearance of the well known work, "On the Diseases of Females which are attended by Discharges," from the pen of Sir Charles Clarke, in the year 1814, the medical men of Great Britain appear to have been in almost mid-night darkness respecting the true nature of this most common source of delicacy among females; and subsequent to the advance in knowledge attributable to the above work, but little real progress appears to have been made until about 1848, when Professor Simpson startled the profession by his bold advances upon the almost untrodden field of uterine diagnosis.—It may be well to observe *en passant* that these remarks refer only to Britain, since the advancement in the knowledge of uterine pathology in France has been far more steady and progressive for many years past.—Since the appointment of the present Midwifery Professor of Edinburgh however, a most complete change has occurred in the feelings of the profession towards this field of research. The stimulus given at our Scottish University has excited a deep and lasting interest in the whole subject, and has encouraged, or called into active exercise, so many ardent minds that we now seem likely to suf-

fer from an evil the very opposite of that which characterized the last generation of practitioners; and every aberration of health in the female sex runs no small risk of being at once attributed to 'uterine engorgement,' 'inflammation of the cervix,' 'retroversion,' or some other metritic malady, the very mention of which has a 'harrowing interest' for the poor sufferer. This however is an evil which may be avoided by due care and circumspection; and we cannot feel otherwise than grateful to those who have directed our special attention to this most interesting class of diseases, and who have led the way into an entirely new field of pathological enquiry. On viewing, however, what has hitherto been done, the cautious and the wary cannot avoid feeling, that while some advance has been already made, much more yet remains to be achieved; and while some solid foundation has been laid whereupon to rear a useful and practical pathology, a careful examination of the superstructure will excite some doubt as to its stability and endurance. Time will not permit me to dwell any longer upon such general remarks, and I must, accordingly, advance without further delay to the consideration of the subject itself.

To any one who has read much of the recent literature of uterine disease, it will at once be apparent that any attempt to touch, even in the most sketchy and superficial manner, upon all the various points of this wide-branching subject, would occupy vastly more time than can possibly be commanded on an occasion like the present. It is, accordingly, my purpose to limit the following remarks almost exclusively to one portion of this subject, which, however, is of itself so extensive and important as well to merit all the attention and time we can devote to it. I shall therefore, at once, draw your attention to the consideration of

Subacute and Chronic Inflammation of the Uterine Tissues, and still further to limit our subject, I shall confine my observations chiefly to the disease in its most common form, namely, as affecting chiefly the cervix uteri, and as limited to the mucous membrane of that portion of the genital apparatus. Although in the remarks with which I opened up this subject, I referred to Professor Simpson as the individual to whose labours I would trace the extraordinary stimulus given to the study of this class

of diseases in Britain, yet it will appear from the sequel that Dr. Henry Bennet, of London, has done more than any other practitioner in this country to advance our knowledge of that special form of disease which we are now considering.

It will facilitate greatly our examination of this subject, if I, in the first place, give a short and rapid sketch of the views which have been progressively advanced regarding this disease during the last seven years. It was in 1843 that Professor Simpson first publicly introduced to the notice of the profession that instrument of diagnosis, which is now so well known by the name of the Uterine Sound; and he, at the same time, informed his confrères that he had proved, by its means, that flexures of the uterus, in place of being conditions of rare occurrence, were among the most frequent accompaniments of uterine derangement. Nay, more, he believed himself authorized in affirming, that these flexures were the cause of very much, if not of all, the distressing symptoms under which such patients suffered; and yet further, he added, that these morbid conditions admitted of a mechanical cure, subsequent to which the whole symptoms yielded, and the patient was restored to health. To this statement we may trace the origin of what may not inaptly be termed the "Mechanical School" of uterine therapeutics. This school has grown largely in numbers since the enunciation of the above related facts, and counts among its advocates many of the leading accoucheurs of this country. It has, however, been vigorously opposed by a large number of those who have made uterine pathology their chief study. Neither has this opposition been solely on the part of the conservative section of our profession—whose peculiar prerogative it seems to be, to exert all their efforts for the purpose of impeding progress, or, as they would themselves say, of putting a wholesome curb on reckless innovation—but an equally energetic resistance to the adoption of these mechanical views has been made by some of the most ardent reformers of uterine pathology, and who, themselves occupying a position quite as far in advance of the mass of the profession as the Edinburgh professor and his pupils, share equally with them the opprobrium of those whose affections are placed upon things as they are.

The leaders of this second, or Inflammatory School, as it

might be termed, is Dr. Henry Bennet, of London, who, after studying his subject fully in Paris, has developed his views in the very best book of uterine diseases extant in this country, I mean his work on "*Inflammation of the Uterus and its Appendages*," published in 1849.

Dr. Bennet and his followers, unlike the conservative section of the profession, freely acknowledge the importance of the uterine sound as a most useful, nay, often indispensable, means of diagnosis, while they altogether differ from Dr. Simpson in their estimate of the importance of those frequently occurring flexures of the organ, which have become known to the profession through its instrumentality; and so far from viewing them as the chief object of treatment, they aver that if the inflammatory condition of the uterus be subdued, no attention whatever need be paid to the bent state of the organ, save in rare exceptional cases. This opinion they support by the declaration, that when the flexure is slight it rights itself as the organ resumes its healthy condition; while, on the other hand, if the flexure is not unbent, but remains stationary, it ceases to cause any inconvenience once the inflammation is entirely subdued. We have here, therefore, another of those frequent instances of a disease, wherein the most opposite opinions are held and acted upon by different practitioners, and yet the followers of both methods of treatment, meet with a sufficient amount of success to encourage them to persevere with the plan they have adopted, and uphold the accuracy of the opinions they have propounded respecting the nature of the disease and its therapeutic requirements. In what way are we to explain this apparent anomaly? Are we to consider it is a proof that neither method of treatment does any real good? or, should we not rather examine the whole question more closely, and see whether the two methods of treatment do, in their essence, differ as much from each other as they at first sight appear to do; and whether a rational explanation of their action may not be found, which will equally account for the success of both? This, however, will be more conveniently considered when we are engaged with the whole question of treatment.

I will now endeavour to lay before you the various points which it appears to me have been, more or less, positively

established by recent investigators of uterine pathology, irrespective altogether of the school to which the propounders may belong; for in this, as in most other instances, a careful and dispassionate consideration of all the statements made by each party has led me to see that both contain much that is valuable, and that the safest plan is to keep clear of parties altogether, and endeavour to reap the benefits rendered available by the labours of each and all of those engaged in the investigation.

Perhaps one of the most important facts, in a practical point of view, which has been established, is that leucorrhœa is an invariable proof of an inflammatory condition of some part of the uterine system. The converse of this is not indeed true, in so far as inflammation of the uterus or its appendages is by no means invariably accompanied by leucorrhœa; but, on the other hand, it appears to have been clearly demonstrated that in every case of continued leucorrhœa, there exists more or less inflammation of one or other of the uterine tissues. It is curious, but not uninteresting, to notice the reception which the declaration of the inflammatory origin of leucorrhœa met with in this country. The first announcement of this doctrine in later years which I have met with, is by M. Lisfranc, in his *Clinique Chirurgicale*, published in 1842, and reviewed in the *Medico-Chirurgical Review* for April, 1848. In that periodical we find the following remarks (p. 366-7):—

“*Leucorrhœa*.—The following most *lucid* exposition of the ætiology of this very common complaint is given by M. Lisfranc:—‘This disease is produced either by a phlegmasia, or by an irritation, or by an injection, or, perhaps, by a sanguineous fluxion, which may exist at one and the same time, in the vulva, the vagina, the internal surface of the uterus, and the ovarian tubes, whence arises a white coloured discharge.’ We verily believe that, for once that it is owing to any increased vascular action—be the name that we give to such a state what it may—it is in nineteen, or ninety-nine cases, at least, dependent upon weakness and atony of the vessels of the mucous membrane affected.”

And a little farther on, the reviewer winds up his remarks by observing—

“But it is unnecessary to address arguments to the English phy-

sician on this subject, as very few are likely to be misled by the fantastic notions of many continental writers."

Such, then, is the opinion of an influential review, in 1848, concerning the inflammatory nature of leucorrhœa. But what says the same Review, or, rather, its successor, the *British and Foreign Medico-Chirurgical Review*, in 1850? In speaking of Dr. Bennet's work on "Inflammation of the Uterus and its Appendages," we find at page 115, the following remarks:—

"Among the disorders of the female constitution, there is none so frequent, none so much misunderstood as leucorrhœa. Its name implies nothing more than an effect of some pre-existing disease. The cause of that effect should be enquired into and understood, before we undertake its removal; yet the treatment formerly adopted, almost exclusively consisted in remedies to check the discharge; every variety of astringent was used for this sole purpose; and whether administered by the mouth, and taken into the circulation, or applied locally, the whole object was to arrest the fluor albus, and nothing more."

After referring to the one step in advance, made by Sir Chas. Clarke, the reviewer proceeds—

"Such was the state of our ignorance on this class of diseases, until within the last few years;—an ignorance which was not the result of a careless attention to them, or of want of acuteness on the part of the obstetric physician, but which was inevitable so long as the mode of ascertaining their character was not adequate for the purpose."

Further on, in the same article, we meet with the following sentence (p. 182)—

"Practitioners have considered these symptoms as purely functional; and although often embarrassed to explain their anomalous character, or to decide exactly upon the function that was disordered, a local phlegmasia was the very last cause that would have been looked for to unravel our entangled ideas."

Nevertheless, it appears obvious from the whole tenor of the article, that the doctrine of the inflammatory origin of leucorrhœa commends itself to the judgment of the reviewer; and in the July number of the same periodical, in treating of Dr. Tilt's

work on the "Diseases of Menstruation," we find, apparently the same writer, remarking that the term leucorrhœa

"Must for the future have a precise meaning, and be regarded almost entirely as symptomatic of well-recognised organic disease."—(p.212.)

Thus, it appears, that the "fantastic notions" which "are not likely to mislead" the English physician in 1843, become acknowledged truths in 1850. How passing strange, that a learned profession like that of medicine, should be acting and re-acting the same farce of ridicule and concession, of disparagement and adoption, of incredulity and faith, respecting almost every new fact which may be presented to its notice!

Let us examine, however, the ground upon which this opinion, respecting the inflammatory origin of leucorrhœa, rests. This we find to be two-fold, viz., *experimental* and *deductive*.

Experimentally, it has been *proved* by examination of the uterus. *Deductively*, the results of such examinations have been brought to bear upon certain cases, evincing similar symptoms, but where no opportunity for examination was afforded, or where there appeared no paramount necessity for the performance of an operation which must ever be far from agreeable to the feelings both of the physician and his patient.

It is perfectly obvious, that the true nature of leucorrhœa would have ever remained undiscovered had not the speculum been extensively resorted to for its elucidation. Sir Charles Clarke had already pointed out to the profession the importance of a physical examination of the condition of the generative apparatus in all cases of leucorrhœa; but he limited his investigations to the data afforded by the sense of touch, and the profession soon found, that the information thus obtained assisted them very little more in their treatment than the symptoms which were related to them by the patient, and thus, except in aggravated or very obstinate cases, this mode of investigation was employed only by a few of those who more especially devoted their attention to female diseases; and, as a consequence, but little real advance was made, either in the knowledge or treatment of this most common ailment. When, however, the speculum came into general use, first in Paris, and subsequently in this country, and an opportunity was thus

afforded for carrying out the physical examination of the uterus to a much fuller extent, it was very soon ascertained, that the cervix and cervical canal, in all cases of leucorrhœa, presented, to a greater or less degree, certain alterations and morbid conditions which obviously indicated the existence of inflammation. It would be impossible, without altogether overstepping the ordinary bounds of a paper like the present, for me to enter fully into a description of the natural condition of these parts, as ascertained by the speculum, and the alterations and modifications which they undergo, when affected with inflammation; still less will it be possible to show the grounds upon which Dr. Bennet bases his opinion, which limits the disease, in the majority of such cases, to the mucous membrane of the cervix. Nevertheless, I may briefly lay before you the results of Dr. Bennet's investigations, and more especially those which I have had opportunities of fully verifying in practice.

If a female, labouring under leucorrhœa, or even decided menstrual derangement, such as dysmenorrhœa, menorrhagia, &c., be examined by the speculum, one or other of the following appearances will be detected:—

1. The cervix uteri may appear perfectly normal, smooth, and unctuous, and of its healthy pale flesh colour, and the os may be smooth and circular, but the cervical canal will be seen filled with a transparent glairy fluid, which is removed with difficulty, by a piece of lint or sponge, and which is so viscid as to draw out into long threads; and, if this secretion be carefully removed, and the lips of the os uteri carefully separated, the lining membrane of the canal will be seen of a bright red colour, very much deeper than the surrounding mucous membrane of the cervix, and resembling greatly the appearance of a pretty large bronchial tube in a case of acute bronchitis. If the uterine sound be passed along the canal, it frequently, though by no means always, causes considerable pain, and is still more frequently followed by an oozing of blood from the inflamed membrane. This is the mildest form of the disease, and may be termed the first stage of *cervico-metritis*, by which name we can distinguish the disease when confined to the neck of the uterus, from the general disease of *chronic metritis* with which it is ordinarily confounded.

2. One step in advance of this, at least as regards the severity of the pathological modifications of the part, is when the *os uteri* is dilated, and more or less transverse, or oval in place of circular: this change varying from a slightly oval form of aperture, to that of an irregular gaping slit. In this case, the lining membrane of the cervical canal is generally found to be more or less excoriated, and the inflammatory redness extends beyond the orifice, and spreads slightly over the lips of the cervix; the secretion, in such a case, may be entirely of the glairy character above described, but it is more frequently either milky or, to a greater or less extent, mingled with muco-pus. The dilatation of the cervical canal, in these cases, is a symptom of great importance, since Dr. Bennet has brought forward numerous arguments to prove that the extent of this dilatation marks accurately the extent of the inflammation, that is to say, when the dilatation only extends part of the way up the cervical canal, we may conclude, that to this extent only has the inflammation advanced. Or, again: if the dilatation only reaches to the *os uteri internum*, leaving the co-arctation at this point in its normal condition, we may then conclude that the disease is limited to the canal of the cervix, and that the interior of the uterus remains unaffected.

3. Ulceration, more or less extensive, of the lips of the uterus constitutes a third stage in the severity of this disease. In strict language, it would, perhaps, be better to call these "granulated abrasions" than ulcers, seeing that they seldom present any excavation, and but rarely do the granulations project above the general level of the surface. Uterine pathologists have spoken of several different kinds of ulcer as occurring in this region, but, for practical purposes, three varieties only require to be noticed, viz., the *simple*, which I have just described; the *syphilitic*, which, according to Dr. Bennet, is of much rarer occurrence than is generally supposed; and the *phagedenic*, which is a much graver disease, is of by no means frequent occurrence, and is most usually associated with cancer, or some other malignant disease of the uterine tissues. These two latter varieties will not be examined or discussed in the present paper.

4. A fourth stage of severity may be noted, when, in conse-

quence of the inflammation affecting the deeper tissues of the uterine neck, there has occurred more or less extensive infiltration into the cellular tissue, and consequent enlargement of this organ, giving rise to induration and irregularity of the cervix, which may or may not be accompanied by ulceration. This induration has often led medical men to give a very unfavourable prognosis of a case, and to suspect the existence of schirrus; it is of great importance, therefore, that we should bear in mind the characteristics by which simple inflammatory induration may be distinguished from the graver malady. Dr. Bennet describes these very well, in the first edition of his work on "Uterine Inflammation." He remarks at p. 129, speaking of Cancer:—

"In the first stage of the disease, the uterine neck becomes very hard, the indurated tissue being irregular in its surface, lobulated, presenting shot-like tubercles. It is not, however, the hardness of the diseased cervix which indicates the invasion of cancer, for, as we have seen, cases of non-malignant inflammation may be followed by stony hardness of the organ, or a part of it, but the *irregularity* of the hardened surface, and the existence of tubercles, which project here and there."

It must not be supposed, however, that every irregularity of the indurated portions is a proof of the cancerous character of the affection, for, on the contrary, when this disease occurs, as it very frequently does, in women who have had large families, we very often find the surface of the uterine neck irregular and lobulated, and some of the lobules may be indurated to a degree of hardness almost, if not quite, equal to that existing in the first stage of cancer. A careful examination of such a case, however, will show that while the diseased part, considered as a whole, is, indeed, lobulated, or rather divided into segments by fissures, *each lobule is smooth and regular*, and there are none of those characteristic tubercles projecting from its surface to which Dr. Bennet refers.

Another important point to notice is, that since the fissures, in the non-malignant disease, are invariably the fissures so well-known to accoucheurs, as occurring after severe labours or miscarriages, and which always radiate from the os uteri towards the exterior of the labia uteri, so in these cases "the fissures which separate the lobes radiate round the cavity of the os as a

centre, which is not the case in cancerous tumours."—(*Bennet, 1st edit. p. 130.*)

5. Hitherto I have been describing the disease as confined to the cervix uteri and its canal; unfortunately, however, both for the patient and the physician, this is by no means always the case; for while I feel disposed, in a great measure, to agree with Dr. Bennet in his views, respecting the infinitely greater frequency of inflammation of the mucous membrane of the cervical canal, than of true *endo-metritis*, it is most obvious that chronic metritis, especially as affecting certain portions only of the body of the uterus, is a disease of extreme frequency, and proves the cause of much discomfort and functional distress to the patient.

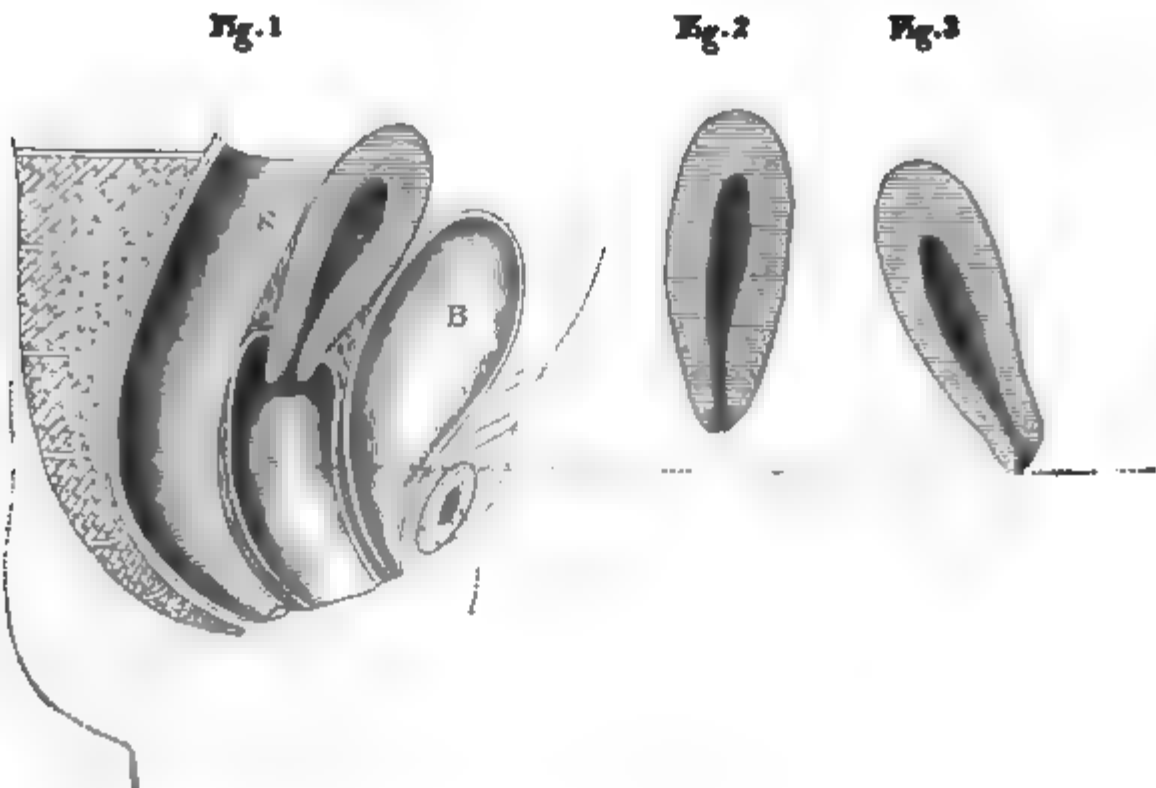
In discussing this subject, I feel that I must, of necessity, pass over much which might be interesting and not without its value, but the necessity for keeping my remarks within convenient limits will render such a course imperative. I shall accordingly confine myself almost entirely to the development of the results which have been arrived at by myself and various investigators, without detailing the controversial process through which each of these results has passed ere it could be admitted as proved, or even rendered highly probable.

When the uterus becomes congested, it of course increases in bulk and weight, and being a floating organ, it sinks down more or less, into the pelvis. The mobility of this organ is vastly greater than one would suppose; thus M. Lisfranc states, that it can descend one or two inches in the act of defecation, and I have myself little doubt but his statement is correct. When the uterus descends in the pelvis, as for example, at each successive menstrual period, and still more at the commencement of pregnancy, it follows the well known curvilinear direction of the pelvic axis, and in so doing it does not exercise any unequal pressure upon the surrounding organs, and accordingly unless the descent, or prolapsus, is to a considerable extent, it causes little or no discomfort to the patient beyond a sense of weight. In order, however, that the uterus should thus descend in the direct line of the pelvic axis, it is obvious that its increase of bulk and weight must be perfectly uniform—because, as it is a floating organ, and can move in many other directions, as well as downwards, it follows, that if the increase of bulk be partial,

the position of the centre of gravity of the whole organ will be altered, and in falling downwards it will also fall either forwards, backwards, or towards one side, according to the direction of the preponderating weight.

This accordingly happens in a large proportion of cases, owing to the fact, now distinctly proved, that the uterus is more frequently affected with partial than general metritis, and that, in consequence, one or other of its walls becomes proportionably the heavier. Of the two walls it is generally supposed that the posterior is the more frequently affected, and certainly my experience would go to corroborate this; nevertheless the more extended experience of Professor Simpson would lead to the conclusion, that the affections of the two walls are almost equally common, since he speaks of antiversion of the uterus being "almost equally common" with retroversion, and these conditions are, I believe, capable of being demonstrated as the results of partial inflammation and subsequent enlargement of the uterus.

Bearing in mind what I have already said respecting the influence of irregular enlargement on the position of the uterus when descending from its increased weight, let us follow the progress of a uterus wherein the posterior wall has become enlarged, owing to chronic metritis. The uterus, in this instance,



will not follow the direct axis of the pelvis, but will be tilted backwards, and thus assume the form represented in figure 4 of the accompanying diagram—its fundus pressing against the rectum, and the cervix tilted forwards in the direction of the pubis. Matters, however, do not long remain in this position, for the fundus now pressing and causing mechanical contraction of the calibre of the rectum, an obstacle is offered to the descent of the *feces*, which accordingly accumulate to a certain extent above the obstruction, and then, when carried forward, have a tendency to carry the uterus along with them ; and this process being continually repeated, the uterus gradually assumes the mal-position figured in Nos. 5 and 6 of the diagram, and which

Fig. 4

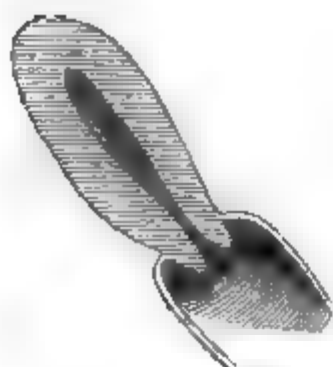


Fig. 5

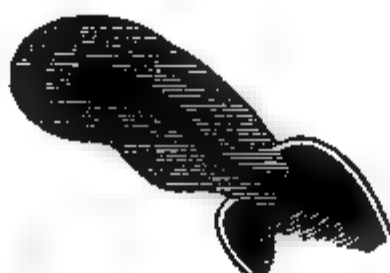


Fig. 6



constitute different degrees of well marked retroflexion. On examining these two figures, you will observe one or two circumstances well deserving of attention: for example, in figure 6, the finger passed along the posterior wall of the vagina, will not detect the fundus uteri, but will come in contact with the engorged part of the posterior wall, and will feel this, projecting like a knuckle, immediately behind the point where the mucous membrane of the cervix is reflected on to the posterior wall of the vagina—and this projection will be found very tender to the touch in many cases. This projection has been repeatedly mistaken for tumour, pelvic abscess, &c., and, more recently, by some of the followers of Dr. Simpson, for the fundus. A careful examination, however, with the uterine sound, reveals its true nature ; for if the finger be kept in contact with it, and the sound be introduced, it will be found to pass over, without entering, this projection ; and when the uterus is replaced in its normal position, by revolving the sound, this

projection is carried forwards and upwards, and by the stretching of the posterior wall, consequent on the re-adjustment, it, in many cases, altogether disappears. In cases where the retroversion is greater than at Fig. 6, however, the fundus uteri can be distinctly felt through the posterior wall of the vagina, and, on examining with the sound, the instrument is felt to enter the tumour, which, in its turn, entirely disappears, when the instrument is turned round.

In the case of the anterior wall being engorged, an opposite series of changes are set on foot, but owing to the much greater elasticity and pliability of the cervix, which is the part that in this case presses against the rectum, and owing to the steady support afforded to the fundus when tilted forwards by the bladder and its ligaments, we much less frequently meet with cases of antiversion where the flexure of the organ is by any means so great as that which accompanies the bending of the organ backwards.

Such I believe to be the series of changes which occur in consequence of partial engorgement of the uterus, owing to the existence of chronic metritis; and it is in this manner, I believe, that the very common flexures of this organ, which the uterine sound has revealed to us, are produced. I am well aware that other and very different explanations of the cause and manner of production of these flexures have been brought before the profession, but no explanation which I have met with, except the preceding, appears to harmonize with all the facts revealed to us by practice. Thus, Mr. Joseph Bell, of Glasgow, in an excellent and ingenious paper, on the displacements of the unimpregnated uterus, which appeared in the *Monthly Journal of Medical Sciences* for September, 1848, after speaking of congestion and enlargement of the uterus giving rise to displacement, asserts that if either wall of the uterus be hypertrophied or atrophied, curvature must occur, since the largest wall must also be the *longest*, and the two being united together the longer will, of necessity, become convex. The great objection to this proposition, however, is the undeniable fact, that in retroversion the posterior wall is felt to be enlarged and tender, whereas, according to Mr. Bell's theory, it should be either healthy or

atrophied. Again: Professor Simpson remarks, in his essay on "Retroversion," which appeared in the *Dublin Quarterly Journal of Medical Science* for May, 1848, that—"in a large proportion of cases, the retroverted uterus is in no degree enlarged or increased in volume, but natural in size." Now, while there are certainly many cases in which the normal length of the uterine cavity is not increased, yet, in a very large number of such cases, we find tenderness and other symptoms of engorgement of the posterior wall, and all experience tells us that where there is engorgement there is, at the same time, increase of bulk and weight. Moreover, in chronic cases it is perfectly conceivable that the organ, once fully bent, should retain its abnormal position even after all trace of engorgement has disappeared.

Before quitting the subject of uterine flexures, I must guard those who make use of the sound against a by no means unfrequent cause of error in diagnosis, whereby retroversion is apt to be made out a much more frequent disease than it really is. On referring to the diagram it will be seen that in simple prolapse, without torsion, when the uterus has assumed the position indicated by figure 3, if one attempted to introduce the sound, its point must be directly backwards, and this being the case, the mobility of the uterus at all times admitting of considerable change of position by pressure, &c., it will often be impossible to judge whether the whole organ be simply inclined backwards, or is really more or less bent upon itself, and in this way, I feel assured, that many cases of simple prolapse are considered to be cases of slight retroversion.

SYMPTOMATOLOGY.

We come now to the consideration of the most important, and yet, alas! the most unsatisfactory part of our inquiry, viz., the symptoms by which the above lesions can be detected. All my experience has led me fully to appreciate the truth of Professor Simpson's statement made in 1843, to the following effect:—"There can be no doubt of the fact, that there seems to be no organ in which there is a less strict relation observable between the intensity and character of the existing pa-

thological disease, and the intensity and character of the accompanying symptoms, or between the exact nature of the structural lesions that are present, and the exact combination and succession of functional derangements to which they give rise."* And again, in 1848, in the paper already referred to, he remarks:—"In uterine disease, as in pregnancy, the same specific affection of the organ excites sometimes very different phenomena in different cases; and the same specific phenomena frequently result from affections of the organ which are entirely at variance with each other in their pathological character, in their course, and in the treatment required."† In the disease under our consideration for example, I have met with the greatest possible variety in the symptoms complained of, where a physical examination revealed the greatest possible correspondence between the pathological conditions of the various cases; I have found enlargement and ulceration of the cervix uteri in a case examined for another purpose, and where there was no detectable aberration from robust health. I have found the slightest of all the forms of disease mentioned above, *i. e.*, the first stage of cervico-metritis, (*vide* p. 27,) where the constitutional disturbance was very grave, and the symptoms had continued a long time; and lastly, I have known the symptoms to connect themselves as completely with some distant organ, as the head, the stomach, the heart, the mamma, or the extremities, that indirect causes alone led me to suspect the uterine complication; and yet in all these varieties (save the first case, which was not treated) such a marked improvement followed the cure of the uterine affection, as to leave little doubt respecting the important part it played in each. It must not be supposed, however, from the above remarks, that I wish it to be understood, that we possess no criteria in the form of symptoms by which to judge of the probable or positive presence of uterine disease in any given case, but rather that we cannot determine, from an examination of the subjective symptoms, as to the exact nature or intensity of the uterine affection. In a large majority of cases there is but

* Monthly Journal, 1843, p. 553.

† Dublin Journal, May, 1848, p. 376.

little difficulty in arriving at a definite conclusion as to the existence of uterine disease, while on the other hand it is very hazardous to risk one's accuracy of diagnosis, by attempting to decide upon the exact nature and extent of the affection until the case has been submitted to a rigid local examination. It is only by means of the speculum and a digital examination, that we can obtain that precise information which is essential ere we can prognosticate the probable result of the case, or, as we shall see presently, ere we can determine the course of treatment which offers the best chance of success. When speaking of the pathology of this disease, I should have observed that it occurs with not very unequal frequency in the single or married, and in the latter, whether they have had families or not; the disease presents very nearly the same character in all the three classes of patients, and calls for pretty much the same treatment in each. As, however, any examination of the uterus in the unmarried female, and more especially when the speculum requires to be used, is far too serious an operation to be unwarrantably proposed, it is of great importance that a medical man should be fully convinced of its absolute necessity ere he ventures to have recourse to such an expedient, or even to suggest the propriety of its adoption. It is impossible to lay down any rule upon this subject which will apply to all cases, but I may safely observe in a general way, that it will be rarely found necessary to have recourse to such a proceeding when a case first presents itself for treatment. But if the diligent employment of general means do not effect the desired relief, this very want of success will afford a good foundation on which to ground our arguments as to the necessity of a local investigation.

Professor Simpson, in his paper on retroversion, gives a very clear and concise summary of the symptoms attending that disease, which are, however, so precisely similar to those accompanying many other non-malignant diseases of the uterus, that, with the exception of those produced by the direct mechanical action of the misplaced organ, the description will prove equally apposite to the more comprehensive class of diseases embraced by this paper. Dr. Simpson remarks,—“In retroversion, as in other morbid conditions and diseases of the unimpregnated

uterus, the accompanying sympathetic derangements or symptoms are, when they are well and highly marked, more or less perfect imitations of the secondary phenomena of pregnancy. Dyspeptic and hysterical symptoms are sometimes present with local neuralgic pains in the mammæ; in some portion of the vertebral column; or what is still more frequent, in the parietes of the abdomen or chest; and more especially in a limited spot beneath the left mamma. * * * Symptoms of weight, tension and bearing down in the regions of the uterus and rectum, with dragging at the loins, and in the regions of the uterine ligaments, are very common. Pains often stretch down one or both lower extremities, and in general all the symptoms, local and constitutional, which I have alluded to, are aggravated more or less, by exercise in the erect position; and they are more particularly liable to be increased in their intensity, when the uterus becomes periodically congested and heavier, at the recurrence of each menstrual period."*

Such is a very correct summary of the symptoms most usually met with in cases of inflammation of the uterus and its appendages; for practical purposes, however connected either with diagnosis or treatment, we must analyse the symptoms further; but before doing so I would make a remark which appears to me of great importance. When examining symptoms for diagnostic purposes we must of necessity lay the greatest stress on those which are pathognomonic, or nearly so, of the disease in question, since it follows, of necessity, that among many symptoms, the most important, in this view of the case, must be that which most accurately expresses the pathological condition with which it is connected; or in other words, the symptom which is most intimately and invariably connected with a certain pathological state is regarded as the most characteristic, independent altogether of its intrinsic severity. When, on the contrary, one is called upon to prescribe for a case, it is impossible to prevent the patient laying the greatest stress on that symptom or symptoms which are the most severe and annoying, and one is repeatedly obliged to direct the treatment specially against some

* Dublin Quarterly Journal of Medical Science, May, 1848, pp. 377-8.

symptom of peculiar distress to the patient, although fully aware that it is by no means inseparably connected with the disease in question; nay, when one knows full well that it may be entirely removed, although the disease itself remains unchanged. This distinction between the characteristic symptoms of the disease, and the symptoms constituting the chief complaint on the part of the patient, must be constantly borne in mind if one desires to avoid the endless seeming contradictions which are to be met in the reported results of various modes of treatment—for it will be found, on enquiry, that among the practitioners of the old school, (who are so accustomed to view their cases solely from a pathological starting point, that they will unhesitatingly affirm that a patient “has nothing in the world the matter with her,” though racked with pain, and shattered in nerve, provided there is no pathological lesion on which they can fix their eye;) there are few who do not report as perfect cures every case which, under their treatment, is relieved of the objective symptoms of the disease under which they were labouring, or who had ceased to suffer from certain indications which they have been led to regard as pathognomonic of the disease in question. While, on the contrary, there has been too great a tendency among our homœopathic brethren to regard those patients as cured who have ceased to complain of the symptoms for which they sought relief, without employing the necessary means for ascertaining whether or not the actual pathological lesion, which originally gave rise to these phenomena, has been removed. In consequence of this, it is by no means uncommon to meet with patients who have been reported as cured of uterine inflammation, or ulceration, by some celebrated accoucheur, and, who, nevertheless, pour into your ear a long sad list of aches and pains which make life a weariness, and render them wholly unfit for their usual avocations; and, on the other hand, I have known patients report, from time to time, their supposed rapid and steady progress towards recovery, in consequence of the continued diminution of the symptoms which led them to seek advice, while the speculum revealed the unwelcome fact, that the disease itself had, throughout the whole period of treatment, remained unaltered. We have thus two distinctly opposite con-

ditions of partial cure, which are each, in their turn, reported as complete recoveries; and it comes to be an important practical question as to which species of relief is best for the patient—whether to have the pathological lesion cured, while many of the pains and discomforts continue unabated, or to have these distressing aches removed while the local affection remains unchanged.

As regards the diagnostic value of the various symptoms, perhaps the most important is the peculiar sense of weight in the hypogastrium, which is seldom, if ever, altogether absent in this disease. This symptom consists of a peculiar sense of dragging heaviness in the uterine region, most distinctly perceived in the erect posture, and accompanied at all times with an amount of general *malaise* and discomfort altogether disproportioned to the actual amount of pain—the pain itself is seldom violent, except in acute metritis, and yet, be it ever so slight, it is invariably spoken of as most wearing and wearisome. In many cases, indeed, the general effects so far exceed the local discomfort, that the patient confines her complaints to the feeling of universal weariness and *malaise*, and it is only by direct interrogation that you ascertain the existence of the pain in question; and, nevertheless, as a proof that the latter is the exciting cause of the former, if you remove the hypogastric heaviness, the patient at once becomes much brighter and cheerful, and almost invariably describes her relief as “the removal of a great weight.”

Next in diagnostic importance is the presence of *leucorrhœa*; this symptom, however, cannot be viewed as absolutely pathognomic of inflammation of the uterine neck, seeing that in some cases of well-marked disease, it is so small in quantity that it does not reach the vulva, and its existence is not made known, until, by the aid of the speculum, you obtain a view of the *os uteri*, and then perceive the canal filled with a true leucorrhœal secretion. While, on the other hand, an occasional leucorrhœa must not at once be set down as infallibly indicating the presence of uterine inflammation, seeing that in many patients, the normal periodic congestion of the uterus at each menstrual crisis is accompanied by a discharge of this character, which, in such cases, appears either for a few days before or after each period.

With these exceptions, I believe we may unhesitatingly affirm, that, in every case of continued leucorrhœa, there exists more or less chronic inflammation of a larger or smaller portion of the uterus ; and, moreover, we may also conclude, that however much a patient may improve in general health, her uterine affection cannot be considered as cured until the leucorrhœa shall have altogether ceased ; nay, more, seeing that some degree of inflammation may exist without any external appreciable leucorrhœa, it follows that we cannot actually pronounce upon the complete cure of any such case without the aid of the speculum.

Menstrual irregularity, either as respects the time, quantity or quality of the secretion, should perhaps hold the next place in point of importance among the symptoms of this disease, whose presence will aid us in diagnosis. In a large majority of those suffering from uterine inflammation, there will be found some more or less marked abnormality in this respect. The menses will be either too early or too late in their appearance, the flow will be more or less unsteady during the time of its existence, and the duration will be either unusually shortened or prolonged. Again: the quantity will vary from the merest trace to an amount well meriting the title of menorrhagia; and yet, again, the quality of the secretion will show every variety, from an almost colourless watery fluid to a thick viscous material, more like tar in its aspect, and vying with ink in its blackness. As, however, all those, and many more varieties may be met with in company with one and the same organic lesion, it is obvious, that while the fact of any menstrual irregularity may lead us to suspect the existence of uterine inflammation, the peculiar abnormality will be of little service in enabling us to decide upon the exact morbid condition of the uterus itself.

Painful menstruation is another symptom of very frequent occurrence, but of little diagnostic value, save in some few cases where there is reason to suspect a mechanical cause for the impeded function.

Pains of various kinds, from a mere sense of weariness to an almost continued agony which prevents all motion, are found occurring in the loins and across the sacrum ; the variety, however, and diagnostic uncertainty of these symptoms are so great that, common though they be, we cannot be guided by them in

our decisions as to the nature of the case. The same remarks apply to the pains in the ovarian and iliac regions, and that under the left mamma, which, though proving so intensely troublesome in practice, are of little if any value as elements of diagnosis, beyond the fact that their presence may lead us to suspect the possibility of the existence of uterine inflammation, and thus induce us to follow up our inquiries in that direction, for the purpose of obtaining some surer guide to our decision.

Let us, now, for a moment examine the symptoms which especially lead patients suffering under this malady to apply for relief.

Beyond all question, the symptom which causes the patient most distress in this disease, is the general feeling of *debility* that almost invariably accompanies it. In the vast majority of patients who apply for relief, the very first thing they complain of is this same weakness, and, on inquiry, you find it has gradually come upon them, assailing them with slow but steady steps, and gradually incapacitating them for one duty after another, until, in severe cases, the sufferer is completely prostrated, and drags on a weary life of confinement to the bed or couch, with occasional airings in a horizontal wheel-chair. Nothing can be more complete than the enervation consequent upon this disease; and what adds so vastly to the trials of the patient, and the distress of all around her, is the fact that but few minds are strong enough to bear up against this protracted debility, and, in consequence, we have, in addition to the physical symptoms, a variety of mental ones, embracing a large field of moral phenomena, from slight irritability and caprice to more or less complete mental aberration.

The next symptom as respects the frequency with which it constitutes the chief cause of the patient's application for advice, is *headache*. This might almost be surmised from the remarks I have just made, respecting the very common union of physical with moral or mental symptoms, as it is notorious that but few morbid mental conditions occur unaccompanied by some degree of pain in the head. As might be supposed, the character of the headache complained of varies immensely, but one of the most frequent and, at the same time, intractable varieties, is

pain, more or less pressive, on the vertex, accompanied by heat, sometimes amounting to severe burning, which appears to extend deep into the brain.

Almost equal in frequency, as a cause of complaint, is *pain in the back*; this also varies much in its specific character, being at times much more acute, while at others it resembles more a dull aching, similar to that occurring to the healthy when over-fatigued. It also is frequently accompanied by a sense of burning in the part affected, which proves peculiarly harrassing to the patient. This pain in the back, when it constitutes at all a chief source of complaint, is usually the symptom of all others from which the patient craves relief, and any amelioration in this respect at once impresses her with the conviction that she must be decidedly better, and, yet, there is scarcely any symptom connected with this disease which is of less value diagnostically, since it may altogether disappear, while the uterine affection remains unimproved (though this is rare); or, again, which is much more common, the uterus may be restored to perfect health, while the pain in the back continues unabated, or even increases in severity.

Various neuralgic symptoms occupy the next step in the order of frequency, and, then, may be placed *leucorrhœa*, which thus comes to occupy a position vastly different from that which it held among the elements of diagnosis; but, the fact is, that unless the discharge is copious, the patient, seldom, if ever, lays any stress on its existence, except, indeed, where some former medical attendant has told her that her debility and other causes of complaint are traceable to that source.

Much more might be advanced respecting the symptomatology of this disease, but I feel my subject so much too extensive for a paper, that I must resist the temptation of dilating upon these points, and proceed at once to say a few words respecting

PROGNOSIS.

The peculiar characteristic of this disease, as far as my own experience goes, is its tendency to remain unchanged; it certainly has no great tendency to become worse, and as little disposition does there appear to be to spontaneous amendment.

I have known of cases which remained for months, or even years, without any appreciable variation; and I have repeatedly been consulted by patients whose sufferings had extended over periods of ten, fifteen, or more years, and who, on examination, did not exhibit proofs of graver disease than are to be met with in persons whose ailments are distinctly referable to some recent cause. Dr. Bennet obviously holds much the same opinion, and explains it by reference to the periodic congestion of the uterus, which occurs at each menstrual crisis, and which congestion so nearly approaches to inflammation, that it is nothing extraordinary to find it giving rise to an aggravated condition of the pre-existing disease. In consequence of this tendency to periodic aggravation, the disease never gets, as it were, an opportunity of spontaneous cure, for long ere the process is half completed the recurring congestion reproduces the morbid condition, and thus tends to perpetuate the malady. Such being the character of the local disease, let us see what is the prevailing tendency of the general derangement which accompanies it. I have already stated that the amount of general derangement varies immensely, and that while many patients with the slightest form of uterine inflammation have completely shattered health, you may occasionally meet with considerable enlargement, and even ulceration of the cervix uteri, unaccompanied by any appreciable symptoms of ill-health, and, it seems to me, that, in many respects, it remains still an open question, how far in cases of general ill health, accompanied by uterine inflammation, the local disease is to be considered the true point of departure from the healthy state. This is a question full of deep and practical interest, and while, for some reasons, I regret that time will not admit of my entering upon its consideration, still as I do not possess materials upon which I could found a conclusive opinion, I should have been obliged to confine myself to the throwing out of various hints which might have guided those who felt inclined to pursue the question. It is a question, however, of which I shall certainly not lose sight, and anything of practical interest which may result from my investigations can be made known at some future period. Three things, however, are quite certain—viz., 1st. That in the vast majority of females who are

suffering from inflammation of the cervix uteri and its consequences, the general health is far from good; 2d. That such derangement of health, for the most part, proves extremely difficult to relieve, except by the employment of remedies known to have a specific action on the uterus; and 3rd. That although many females may be, to a considerable degree, restored to health without the local affection being cured, yet it but rarely happens that such persons become really or permanently well until the uterus is restored to its normal state. Founded upon these data, we may form the following prognosis in the great majority of cases—viz., that, if the case is left to nature, the probability of a spontaneous cure is exceedingly small, whereas if submitted to treatment for the purpose of restoring the general derangement, such treatment will not prove entirely successful, unless combined with means which will, at the same time, cure the uterine disease. The reason for this guarded mode of expression will be seen immediately. As regards the time necessary to effect a cure, it, of course, varies much, but it is always considerable, and a physician will do well to be very guarded in his promises in respect to the time when his patient may calculate on a complete cure. This slow progress is not to be wondered at when we consider that every month there is a considerable risk of a relapse, and, accordingly, it is only from month to month that we can be assured of having gained any step towards recovery. Beyond the question of time, however, the prognosis may be decidedly favourable, as the vast majority of patients recover if judiciously treated. Let us now, therefore, proceed to the examination of the most practical and important part of the whole subject—viz., the

THERAPEUTICS OF THIS DISEASE.

The following observations are founded chiefly on the results of my own experience in the treatment of 180 cases, an abstract of which will be found in the Appendix that accompanies this paper. Three months ago Drs. Black and Ker forwarded to the majority of my colleagues a schedule of questions, which I had drawn up for the purpose of eliciting information upon this subject, which might advantageously have been embodied with

the following remarks. Up to the present moment, however, (Sep. 6th) I have only received one of these schedules, and as I find that the analysis of my own cases will occupy all the remaining time which can be allotted to this paper, I have limited my remarks to the latter, and shall let the schedule, or schedules, should more arrive, speak for themselves.

Before proceeding to analyse the cases which are to be found in the Appendix, I must say a few words regarding their selection, and the rules by which I have been guided in making the accompanying abstract. As regards the cases themselves, they have been selected from among all those which I have attended during my residence at Brighton, a period of $5\frac{1}{2}$ years, and they constitute the majority of the cases of uterine disease which have come under my notice during that period. I have, however, omitted almost all cases of tumours and malignant diseases of the uterus and its appendages, and have taken no notice of many which I lost sight of so early in the treatment that no opinion could be formed of the result of the remedies prescribed. It will be further observed, that only 70 of the whole number, or little more than one-third, were subjected to examination, and hence it follows, that I cannot speak with *absolute* certainty as to the existence of inflammation of the uterus, or its consequences in every case; nevertheless, I have carefully applied the principles laid down in the remarks I made upon diagnosis, for the purpose of avoiding error as far as possible, and by comparing the characters of the unexamined cases with those which were submitted to this method of diagnosis, and proved to be suffering from the disease in question, I feel confident that at least the vast majority were actually suffering from the same local affection. For it will be remembered that when treating of the diagnosis, I remarked, that while it was impossible to decide, from the subjective symptoms, as to the exact nature, and still less, as to the degree of severity, of the uterine disease; yet it was by no means difficult to determine, with a large measure of accuracy, as to the existence or non-existence of some phase of uterine inflammation; and on the other hand it may be observed, that in the whole of the cases examined, distinct evidence of inflammation was detected, thus proving that

the means of diagnosing the probable existence of the disease are very trustworthy. It would serve no useful purpose to explain the various reasons why the whole cases were not examined, since so many different causes operated in the different cases; but with the exception of a few of the slighter ones, and of those which I treated early in my homœopathic career,—at a time when trusting to what I had read in homœopathic works, I had fancied that such cases would easily yield to general treatment alone,—I can safely affirm, that it was not because I concluded there was no detectable uterine disease that I abstained from this only absolute method of verifying my diagnosis. As regards the rules by which I have been guided in drawing up the abstract, I have only a few remarks to offer. As respects the chief symptoms, I have invariably noted only those for which the patient specially sought relief; or which, during the course of the treatment, constituted the chief source of her complaint. My reason for doing so must be obvious, because, in the first place, had I confined myself to the more purely diagnostic symptoms, I should have failed altogether in individualizing the cases; and secondly, as the patient's impression respecting improvement or otherwise will, for the most part, depend upon the amelioration or the contrary of these chief causes of her complaint, it follows that no true comparison could be made between the characteristic symptoms and the effects of the remedies employed, had any other course been adopted. It is, however, of importance to bear this fact in mind, since the absence of any symptom in the abstract is no proof that it did not occur in the patient; one or two examples will make this clear. Of the 180 patients referred to, 184 had, more or less, distinctly marked leucorrhœa, whereas this symptom is only reported twenty-nine times as being a chief cause of complaint. Again, only eleven cases are reported as suffering from amenorrhœa, whereas in thirty-six the menses were absent. On the contrary in the column devoted to the state of the menstrual functions, I have endeavoured to indicate its precise condition in every instance in as far as that could be done without entering into details, and hence a summary of these conditions, such as is given in table 5, affords precise numerical information respecting the comparative fre-

quency of each symptom. Again: regarding the notice of the medicines, I have strictly limited my remarks to those which proved more or less decidedly beneficial. At first I attempted to make a perfect transcript of the treatment, but I soon found that such a course was both useless and unintelligible without the notes appended to each prescription, as in those who were any length of time under treatment, there were almost invariably one or more intercurrent attacks requiring specific remedies, and which would have appeared altogether inexplicable if appended to the short summary of chief symptoms, which alone find a place in the abstract. I have invariably noted the potency in which the medicine was given, and the usual mode of administering the medicine was as follows:—in a few cases I allowed an interval of six or eight days to elapse after each course of medicine, and occasionally I gave single doses every third or fourth day; but in most of the cases the plan pursued was, to give medicines daily for six days and then wait one day, if the patients were seen every week; or if only seen once a fortnight, as was sometimes the case with convalescents, they took three short courses lasting three days each, with an interval of two days between each course. The order in which the medicines are put down is the order in which they were administered; I have not, however, indicated whether the remedies were given in immediate succession, or whether other medicines had been administered unsuccessfully during the interval. Lastly, as regards the objective uterine symptoms and their local treatment, whenever such was had recourse to, I have noted them separately, and in such a manner as to avoid the possibility of confusion. These preliminary remarks will serve to introduce the Appendix to your notice, and I shall now proceed to detail the results to which my experience has brought me, and also to indicate the many points which still demand patient investigation, ere we can pronounce any decided opinion regarding them.

According to the usual method of selecting a homœopathic remedy, we must choose one whose pathogenetic effects bear a close, if not exact, resemblance to the symptoms of the disease we are about to treat. If therefore the disease in question be

characterized by two series of phenomena, composed respectively of subjective sensations and objective symptoms, we must select for its cure a remedy capable not only of producing the peculiar sensations complained of by the patient, but of doing so in conjunction with the objective phenomena which equally constitute the disease; and if we fail in this, we at the same time fail in selecting a truly homœopathic remedy. Let us therefore turn to the *Materia Medica*, and ascertain whether it is rich in remedies which have been proved capable of producing the various symptoms complained of by females suffering under *uterine inflammation*, and at the same time of inducing those local changes in the uterine tissues which especially characterise this complaint. On going over the whole of the remedies which have been proved by Hahnemann and his followers, with the exception of those introduced by Dr. Mure and others within the last few years, I can only find four purely pathogenetic symptoms which indicate organic changes in the uterus, and these are as follow:—

1. "*Irregularity of the os uteri*," as a symptom of *natrum carbonicum*, reported by Noack and Trinks, but not to be found in Hahnemann's *Chronischen Krankheiten*, which contains the original proving.

2. "*Metritis*," as a symptom of *secale cornutum*, reported in the proving of this remedy, which appeared in the Appendix to the British Journal of Homœopathy, and where it is quoted on the authority of Spajrani and L'Admirault.

3. "*Softness of uterus*," a most indefinite and not very intelligible term, as a symptom of *opium*, reported by Noack and Trinks, but not to be found in Hahnemann's *Reine Arzneimittellehre*, where the medicine was first proved.

4. And lastly, "*Swelling of the cervix*," as a symptom of *cantharis*, reported by Noack and Trinks, in connection with burning in the neck of the bladder, and other symptoms of inflammation of that organ.

With the exception of these I cannot find any objective symptom connected with the uterus, which has not been obtained *ex usu in morbis*, a source far too subject to fallacy to warrant our trusting to it exclusively in the selection of our remedies. This

extreme paucity of objective uterine symptoms cannot be wondered at, when we consider the obstacles in the way of obtaining such evidence in our ordinary methods of proving ; for not to mention the difficulty of obtaining female provers, and the immensely greater difficulty of inducing such to submit during the taking of the remedy, to repeated examinations by the speculum, obstacles of themselves sufficient to deter most men from entering upon such an investigation ; it is very seldom warrantable to continue the experimental taking of medicine until such time as actual organic changes have been produced by its toxic influence. Being thus, in a great measure, shut out from this, the only absolutely trustworthy method of proving our remedies, is there any other way by which we can judge, with some measure of accuracy, respecting the action of any medicine on the uterus, and from which we can infer, with tolerable certainty, that organic changes have either actually taken place, or would do so, if the experiment were continued ? The only other method of investigation that I am aware of is, that of observing carefully the effects of various medicines upon the uterine functions ; and this seems to have been most extensively done, since there are but few medicines in whose provings, various functional derangements of the uterus, as for instance, respecting the periodicity and character of the menses, have not been observed. Unfortunately, for our purpose however, it has been most distinctly proved, that there is no constant correspondence between the condition of the uterus and the state and mode of performance of its functions ; and surely a remedy capable of producing a given derangement of function, accompanied by a certain morbid condition of the uterus, cannot be viewed as truly homœopathic to the same functional derangement in association with an altogether different local state—so that we cannot arrive at any degree of certainty in this way.

One other method remains open to us—viz., by investigating the morbid secretions produced by a medicine, and comparing that with the secretion accompanying the disease, and if this were capable of being fully carried out, and an exact correspondence detected, I should imagine the consequent selection of the remedy to be decidedly trustworthy. In connection with

this subject I have examined all the leucorrhœal symptoms in the *Materia Medica*, and when analysed they give the following results:—*Leucorrhœa* is reported as a symptom of between 70 and 80 medicines; in 11 it is characterised as *copious*, and in 12 the duration is mentioned. In 8 the mere fact of leucorrhœa occurring is reported, without detailing its character or concomitants; and in 10 the symptoms appear to have been chiefly derived "*ex usu in morbis*." Now, the duration of the discharge is one of the most important characteristics, in as far as occasional or temporary leucorrhœa can never be viewed as pathognomonic of an inflammatory condition of the uterus; experience having taught us that very slight and transient causes (mere mental excitement in some cases), are often capable of producing a more or less copious, though temporary vaginal discharge. On referring again to the *Materia Medica*, regarding the length of time during which the leucorrhœa lasted in the different provings, we find, as I before remarked, only 12 instances in which this is noted, and of these, with one exception, 10 days is the longest period observed. The exceptional case is that of *ignatia*, concerning which Hahnemann reports, as a symptom, "long-continued leucorrhœa."

These facts collectively lead us to the conclusion, that as yet we have no absolutely certain guide in our *Materia Medica* towards the selection of the most suitable remedies for this disease, and as corollaries to the above we may conclude—first, that should homœopathic treatment fail in any degree in relieving this disease, such want of success is no proof of any defect in our law of healing; and, secondly, if other than ordinary homœopathic treatment is at present required to effect a complete cure in certain cases of this disease, we must not infer from this that the time will not some day arrive when purely specific treatment may be found capable of effecting all that can be desired.

In the tables, which occur in the Appendix, it will be found that I have classed together those who were "cured" and those who were "greatly benefitted," and I had many reasons for doing so, 1. In dispensary practice it is almost impossible to ascertain the exact number of cures, as so many of the patients

fail in reporting themselves. 2. Very many patients will say that they feel quite well, and will return to their ordinary avocations, while continuing at times to experience unpleasant sensations, which would induce a more fastidious person to remain under treatment. Under the head, therefore, of "cured or greatly benefitted," I have classed together those patients who reported themselves as cured, and those who voluntarily gave up treatment, and whose reports for some time previous had shown steady and great improvement. I have, however, invariably distinguished those who, though greatly benefitted, had not felt so for a sufficiently long time to warrant the conclusion that they would continue to enjoy comparative health, and have denoted these as having "left treatment too early to judge."

It may, perhaps, be asserted that I have placed the standard of cure too high, and I quite believe that all the cases reported by me in the combined form of "cured or greatly benefitted," would have appeared in most statistical accounts under the simple title of "cured." But I have purposely exercised this precaution, lest I should fall into the error which I referred to in an early part of this paper (p. 38), and which leads to such misapprehension when comparing the results of different kinds of treatment. As in the abstract of the cases I have reported the exact condition, as far as known to me, of every patient at the close of the treatment, the blending of the two degrees of benefit cannot mislead any one.

On referring to the first table in the Appendix, which gives the general results of the cases treated, we find, that of 180 cases reported, 112 were cured or greatly benefitted, 51 received some benefit, and 17 remained unchanged: this gives a percentage of $62\frac{1}{4}$ cured or greatly benefitted, and only about $9\frac{1}{2}$ per cent. of cases unchanged, an amount of success which, I believe, will be considered very fair by any one who has had much experience in the treatment of this disease. In the general table, however, there are included 22 cases which are still under treatment, and 34 who left treatment, or were lost sight of, too early to judge accurately of the result; these, therefore, must be deducted before an accurate estimate of the success of the

treatment can be obtained. Of the 22 cases still under treatment, 10 are reported as greatly benefitted, and 12 as somewhat benefitted; and of the 34 who left treatment too early to judge, 19 are reported as cured or greatly benefitted, 11 as having received some benefit, and 4 as unchanged. Making the necessary deductions, therefore, from the gross number, the tables would stand thus—Cases whose results are fully known 124, of whom 83 were cured or greatly benefitted, 28 were somewhat relieved, and 13 continued unchanged; thus making the correct percentage of cure $66\frac{9}{10}$.

I have already stated (p. 46), that early in my homœopathic career I had been led to expect such perfectly satisfactory results from general treatment alone, that for a considerable time I trusted entirely to constitutional remedies; so many cases, however, occurred to me where my best endeavours proved unsuccessful, that after two or three years' experience of the constitutional treatment, I resolved on trying the effect of combining local treatment with it, for the purpose if possible of doing more good to my patients. The reasons which led me to adopt this course are too numerous and would require too much detail to explain; suffice it to say, that it was founded on the general reports of the degree of success of other homœopathic practitioners in this disease, as well as my own; and, moreover, I did not make the change until I had examined the whole subject well, and had been led to conclude that the local treatment, so far as it was medicinal, was, in point of fact, as truly homœopathic to the disease in question as the general treatment itself; nay, in some respects more so, since, as I have already shown, we do not possess pathogenetic symptoms corresponding accurately to the disease under our notice. The local means which I have had recourse to have been—1. the water douche, employed either warm or cold, and, in some few cases, using seawater in place of the pure element; 2. various mechanical means introduced to the profession by Dr. Simpson; and, 3. various caustics, especially the *nitrate of silver*.

Of the *douche* I need say but little: you all know its value, and there would be no hesitation on the part of any of you to

prescribe it. I have found it, in many cases, a very useful adjuvant, but only one case of ulceration is reported (i. e. 23rd), wherein it, alone, proved sufficient to cure the disease.

As respects the mechanical treatment, I must confess my results do not at all come up to the expectations I was led to form of it, from the statements of Dr. Simpson, Dr. Protheroe Smith, and others, who have had recourse to it extensively. One case (84) was evidently much benefitted by the repeated introduction of the uterine sound into the retroverted uterus and the replacement of the organ by its means. This little operation I performed twice a week for two or three months, leaving the sound in the uterine cavity for some hours, during which treatment the patient greatly improved in general health, the uterus lost, to a considerable extent, its tendency to retrovert, and the patient married, soon became pregnant, bore a healthy child, after which the uterus did not assume its abnormal position. In one case of considerable engorgement of the uterus, with slight prolapse, but no other mal-position (case 103), I employed Scofield's porcelain pessary, which has the advantage of being easily removable by the patient for the purposes of cleanliness, and after wearing it a few months the uterine symptoms completely ceased.

Of Dr. Simpson's celebrated uterine support or pessary, (I mean the one composed of a stem, to be introduced into the cavity of the uterus, a shield upon which the cervix rests, and a curved wire which serves to retain the instrument *in situ*,) I have made 9 trials with the following results:—In two it decidedly did harm, the patients being in every respect worse after its employment than before; in one the benefit was but slight, and in six the patients recovered, but in three of these the treatment was immensely aided by the use of Caustics, thus leaving $\frac{1}{3}$ only of the cases as decidedly benefitted by this means alone; the cases referred to are Nos. 19, 29, and 78. Still further, however, to diminish the real success of this mode of treatment, it must be mentioned that, in case 78, the instrument caused so much local discomfort, after the patient had worn it $3\frac{1}{2}$ months, that I was obliged to remove it, and I then found that the uterus, though benefitted, had by no means

entirely lost its tendency to retrovert. The rationale of this means of treatment has, I think, been much misunderstood, and hence it has been inveighed against as altogether unphilosophical. My belief is, that it acts by converting a partial into a general affection. I have already stated my belief that flexures of the uterus are the result of partial congestion of its walls; now, the introduction and retention within its cavity of a foreign body, such as the stem of Simpson's pessary, invariably increases this congestion, and causes it to spread over the whole uterus, for I have invariably found this to be the condition of the organ when the pessary has been removed. When, however, the congestion of the uterus is uniform, there no longer exists any tendency to assume a bent position, and if, after the removal of the instrument, judicious means are employed to cure the congestion, the patient is completely restored to health. I therefore look upon this mode of treatment as very similar to that of the surgeon who would intentionally break a limb which had been ill-set and healed distortedly, for the purpose of repairing the former malposition. It is, to my mind, an obvious instance of doing evil that good may come, of aggravating the existing disease because the greater is in this case the more amenable to treatment; and, although I believe but few cases really call for this method of treatment, yet in an aggravated case of retro- or anteversion, where the misplaced uterus gave rise mechanically to many symptoms, I would not hesitate to have recourse to it, provided other means had failed of giving relief.

With respect to the application of Caustics, I fear many of you will look upon the deed as very heretical, but I trust a little consideration will prove to you that it is a mode of treatment much more homœopathic in its action than may, at first sight, be supposed. When a Caustic is applied to any surface, two actions are produced, viz.—

1st. The local or chemical effect.

2nd. The general effects of its absorption when the latter takes place at all.

Now as regards *nitrate of silver*, which has been the chief local remedy employed by me, the admirable proving published

in the *Austrian Journal* has shown it to act specifically on the uterus, giving rise to capillary congestion, and in some instances, to hæmorrhage; and as regards its local action, it produces a diseased condition which most strikingly resembles the different stages of cervico-metritis. If, for example, in a patient suffering from the first stage of this disease, the solid Nitrate of Silver be passed up the cervical canal and retained there a few seconds, it will be found a few days after that the disease is simply aggravated, indeed it is impossible to distinguish between the first effects of the Caustic and an increase of the local mischief from any other cause. But this is not all: if the Nitrate of Silver be used freely in an irritable constitution, it will, at times, give rise to sudden enlargement and induration of the cervix, which so exactly resembles the fourth stage of cervico-metritis that nothing but the history of the case could enable one to distinguish between them. An example of this occurred in case 180. Again: the experiments of Professor Simpson, of applying pulverized Nitrate of Silver to the interior of the uterus itself, have shown that while acting locally on the uterus, it sympathetically affects the ovary, in so much as in a case of amenorrhœa, where he employed this means to endeavour to restore the menses, and where the patient died two days afterwards from other causes, he found that a graafian vesicle had been developed and ruptured, in a manner precisely analagous to what occurs at a normal menstrual period. These facts seem to me fully to warrant the conclusion that Nitrate of Silver, *in addition to its obvious chemical effects*, acts in such a manner upon the uterus when applied locally, that it may be viewed in the light of a strictly homœopathic remedy. Analagous arguments might be brought forward in respect to the only other escharotics which I have employed, viz., *pernitrate of mercury* and *potassa fusa*, both of which drugs have also a specific action on the uterus and its appendages. I may mention, that for some time past, I have combined the local with the internal use of the remedy, giving *argentum nitricum* when employing the Nitrate of Silver locally, and administering one or other of the preparations of *mercurius* when using the *pernitrate of mercury*. Lastly, I have of late been trying the effects of certain other reme-

dies, as *kali bichromicum*, and the *chlorides of gold, platinum* and *tin*, as local remedies, having been led to their employment by their homœopathicity to various phases of this disease; my results, however, are not as yet sufficiently definite to admit of my drawing any conclusions from them. On referring to table 6 it will be found, that the results of the cases treated locally as compared with those who had internal remedies only, were as follow: after making the deductions already alluded to of the cases still under treatment, and those which left too early to judge of the result, it will be found that of 41 cases examined and treated locally, 30 were cured or greatly benefitted; while of 105 cases treated entirely by general remedies, only 68 recovered; or, in other words, while 73 $\frac{1}{2}$ per cent. of those treated locally were cured or greatly benefitted, only 60 per cent. of those who were treated by general remedies obtained the same amount of relief. If, however, we examine a little closer, we shall find a still greater balance in favor of the employment of local treatment, for it must be remembered that in almost every instance I commenced with general treatment only, and did not think of having recourse to local measures until these had proved inefficient, so that it follows, that in the first place the cases not examined or treated locally embrace all the slight cases, while the 47 cases treated locally must comprehend most of the severer cases which came under my notice, excepting only the few who refused to submit to examination. And again, on examining the notes of these 47 cases I find that no less than 25 had experienced no appreciable benefit ere the local treatment was commenced, although the general remedies were sometimes persevered in for several months before a change of treatment was had recourse to. For the purpose, therefore, of comparing accurately, the results of the general and the combined general and local treatment, we must add to the 105 cases above mentioned 36 who had been previously subjected to general treatment, and of whom, at the time the local treatment was commenced, 25 had received no benefit, while 11 had experienced some degree of relief. Calculating the per centage upon these data it will be found that, while the combined local and general treatment cured or greatly benefitted 73 $\frac{1}{2}$ per cent., only 44 $\frac{1}{2}$

per cent. obtained the same benefit from purely constitutional treatment, and this in spite of the fact already mentioned, that the class treated locally consisted, of necessity, of a much graver set of cases than those where general treatment alone was had recourse to. As examples of local treatment proving successful where general remedies had been found more or less insufficient, I would refer to cases 27, 46, 81, 84, 127, and 174. The usual arguments against the employment of local remedies are, that while they cure the local manifestation of the disease, they leave the constitutional derangement unchanged. But this argument cannot apply to the treatment I am advocating, wherein the constitutional is invariably combined with the local treatment, and thus both phases of the disease are attacked. Much more could be said upon this subject, and a careful perusal of the abstract of the 180 cases treated, will show that it contains materials wherewith most, if not all, of the usual arguments against this mode of treatment might be refuted, but I cannot dilate upon them now.

In the abstract will be found a large number of tables, from which materials could be drawn capable of furnishing much interesting and important information, some points of which I will now endeavour to lay before you.

1. *Influence of Age.* In this respect it will be found that the greatest number of cases occurred between 20 and 25; next in order comes those between 15 and 20; then between 30 and 35; next, between 25 and 30; then, 35 and 40; and lastly, from 40 upwards. If we confine our observations to the cases subjected to examination, or in other words, to with few exceptions the graver forms of the disease, we shall find that the greatest number of cases occurred between 30 and 35; next in order came the periods of 25 to 30, and 35 to 40, which present an equal number of cases; then follows the period of 20 to 25; then 15 to 20; and lastly, that of from 40 upwards.

As regards the curability of the disease at the different ages, it will be found, after making the usual deductions, that of the whole number treated, those between 30 and 35 proved the most manageable, no less than $82\frac{1}{2}$ per cent. having been cured or greatly benefitted. Then follow the cases occurring between 20 and 25, of which $76\frac{1}{2}$ per cent. yielded to treatment; be-

tween 35 and 40, 61 per cent. were cured or greatly benefitted; between 40 and upwards, $58\frac{1}{2}$ per cent. were cured; between 15 and 20, the per centage was $56\frac{1}{2}$; and lastly, from 25 to 30, half yielded to the means employed. Again: confining our observations to the graver cases, we find that between 35 and 40, no less than $84\frac{1}{2}$ per cent. yielded to treatment; of those aged 40 and upwards, 75 per cent. were cured or greatly benefitted; between 20 and 25, $66\frac{2}{3}$ per cent. were cured or greatly benefitted; while between 30 and 35, only $46\frac{1}{4}$ per cent. yielded to treatment. Thus, we find, as a general result, that on the whole the greatest number of cases occur between the ages of 30 and 40, and that it is at that time also most amenable to treatment, with this peculiarity, that while among the slighter cases the most unmanageable ones occur between 35 and 40, among the graver ones the period from 30 to 35 comprehends the cases most difficult to treat.

2. *Influence of Social Condition.* A reference to table 18 shows us that of the 70 cases examined, 46 were married, and 24 were single, showing a considerable preponderance, as might be expected, in favour of marriage, as an exciting cause of this disease. As regards the treatment however, the married appear to be more readily cured, since 30 out of the 46 were cured or greatly benefitted, i. e. $65\frac{1}{2}$ per cent.; whereas, only 50 per cent. of the unmarried women received the same amount of benefit; thus showing that the disease though of less frequent occurrence, is of a more inveterate character in the unmarried female.

3. *Influence of the state of the Uterine Functions.* From table 5 it appears, that in 52 cases the menses were regular, and of these $72\frac{9}{10}$ per cent. were cured or greatly benefitted. The commonest abnormality appears to have been an increase of the menstrual discharge, 48 cases having shown that symptom, and of these $58\frac{1}{2}$ per cent. yielded to treatment. Next in frequency, we meet with the complete absence of this secretion, 36 cases of amenorrhœa being reported, of which $70\frac{9}{10}$ per cent. were cured. Scanty menstruation occurs almost as frequently, there having been 35 cases, of whom $54\frac{1}{2}$ per cent. yielded to the treatment employed. Dysmenorrhœa is reported as having occurred 25 times, of whom 50 per cent. were cured or greatly benefitted.

On the whole it appears that whereas irregularity as respects quantity is much the most frequent of the uterine abnormalities, it is by no means the most intractable; while irregularities as regards time, though less frequent, are much more difficult to manage, for it appears that of 22 cases where the period was accelerated, only 28 per cent. yielded to treatment, while of 9 cases wherein it was delayed, 88 $\frac{1}{2}$ per cent. were cured or greatly benefitted.

4. *Influence of the Duration of the Disease on its Curability.* The 8rd table in the Appendix shows us that a large majority of the accompanying cases was of long standing, no less than 61 having been upwards of one year ill, while 32 of these had suffered many years; indeed of the whole 180 cases, 19 only could be considered as of recent origin. The influence of the duration of the illness on the curability of the disease is, as might be expected, progressive, since of 48 who were less than twelve months ill, 74 $\frac{1}{2}$ per cent. recovered. Of 29 whose length of illness varied from one to six years, 62 per cent. were cured or greatly benefitted; while beyond that time the per centage of recovery fell to 50.

5. *Average length of Treatment.* If we strike the average of all the cases cured or greatly benefitted, as given in table 4, we shall find that it gives rather more than 5 $\frac{3}{4}$ months for the period during which the treatment was continued; and if we subdivide the table into sections, we find that of the whole 88 cases cured, 50, or 60 $\frac{1}{4}$ per cent. recovered within six months; while 38, or 27 $\frac{3}{4}$ per cent. required various periods, from six months to upwards of two years, to effect a cure. And of 7 the duration of the treatment cannot be accurately calculated as they were only seen occasionally, and often at considerable intervals.

6. *Influence of the Presence of Leucorrhœa on the Curability of the Disease.* I have already mentioned, that of the 180 cases reported, 134 had, more or less well marked leucorrhœa, and as this symptom is one of great diagnostic value, it will be interesting to examine somewhat carefully its influence upon the duration and curability of the disease; for this purpose I have prepared a complete set of tables, being Nos. 15 to 19 of the series. The first point we may notice here is the general result,

viz., that of the 88 cures whose results can be sufficiently traced, 66, or $79\frac{1}{2}$ per cent. were suffering from leucorrhœa. Of the 28 somewhat benefitted, 10, or $35\frac{1}{2}$ per cent. showed this symptom; while the whole of the 13 who remained unchanged, presented this symptom. Separating the examined from the unexamined cases, we find that 78 per cent. of the cases who recovered under the use of general treatment alone, had, more or less, leucorrhœa, in 44 per cent. of whom it was recorded as copious; while of the 30 cases cured by combined general and local treatment, $66\frac{2}{3}$ per cent. had leucorrhœa, and $38\frac{1}{3}$ per cent. are reported as having had it copiously.

As respects the Age. Leucorrhœa occurred on the whole most frequently between 30 and 35, while the greatest number of copious cases were between 30 and 40, especially during the latter half of that period. With respect to curability, the cases characterized by this symptom whose ages were between 20 and 25, were found to yield most readily to treatment, and also the greatest proportionate number of cases with copious leucorrhœa were cured during the same period; while on the contrary, the most intractable cases accompanied by this symptom, ranged between 25 and 35. Of the 66 patients who exhibited this symptom and recovered, 36 were married and 30 were single, so that the difference between the two classes is not marked. If, however, we examine the social condition of the whole 184 cases who were suffering from leucorrhœa, we find that 65 of these were married, while 39 only were single, showing a large preponderating frequency of the occurrence of this symptom among married females. In connection with the state of the uterine functions, leucorrhœa has more frequently accompanied regular menstruation than any of its abnormalities, and among the latter, it has been most frequently associated with copious menstruation; next in order, comes scanty menses; then amenorrhœa; then dysmenorrhœa, and what would hardly have been expected, it occurs least frequently when the menses themselves were prolonged. As might have been anticipated, the comparative frequency of the occurrence of this symptom increases as the cases are more and more chronic, so that while $84\frac{1}{2}$ per cent. of the cases which have been many years ill are charac-

terized by this symptom, and 83 per cent. of those which have suffered from two to six years, are afflicted in like manner, only 58 per cent., or little more than one half of those who have more recently lost their health, are found to suffer from this common cause of female delicacy. Lastly, respecting the length of time required to complete a cure, we find, by referring to table 19, that the average length of time during which the treatment lasted, was $6\frac{1}{2}$ months, being about three weeks above the average of the whole cases, irrespective of the existence of this symptom.

7. *Influences of the various concomitant Symptoms in the Curability of this Disease.*—Table No. 11 furnishes us with an account of the frequency with which the various concomitant symptoms presented themselves as chief causes of complaint, and also informs us of the results of treatment in every case. Of these, as I have previously remarked, by far the most frequent is *debility*, it having been reported nearly twice as often as any other. As regards the curability of cases characterized by this symptom, we find that of 95 cases wherein debility constituted a chief cause of complaint, 54, or about 58 per cent. yielded to treatment. Next in frequency we find *headache*, and of 51 cases, characterized by this symptom, 28, or about 55 per cent., were cured or greatly benefitted. Of 50 cases, whose chief complaint was of *pain in the back*, 28, or about 56 per cent., were restored to health. Of 31 cases, where the sufferings were mostly of the kind included in the general term of *nervous symptoms*, 16, or about 51 per cent., were cured or greatly benefitted; and among 29 cases, where *leucorrhœa* constituted a chief source of annoyance, 19 recoveries occur, thus giving a per centage of 69. *Dyspepsia* appears the next in frequency, having been reported 27 times as characterizing the case, but the cases wherein it existed as a prominent symptom must have been somewhat mild, since no less than 22, or nearly 82 per cent., are stated to have recovered. Of the 24 patients, who especially complained of *bearing down pain*, 14, or 58 per cent., were cured or greatly benefitted; and of 18, who suffered much from characteristic *pain in the left side*, 13, or 72 per cent., were restored to health. *Menorrhagia* was the chief cause of 15 cases applying for advice, and of these 10, or 66 per cent.,

were cured or greatly benefitted; while of 14 cases suffering especially from *dysmenorrhœa*, only 6, or 42 per cent., are found among the list of cures. A general survey of this table will corroborate fully the remark I made previously, to the effect that many pains of frequent occurrence are by no means as frequently complained of by the patient. *Pain in the left ovary*, for example which is so generally found to exist, on questioning the patient, was only referred to as a chief source of annoyance in 5 cases.

8. *Influence of the various objective Uterine Symptoms on the Curability of this Disease.* Table No. 7 affords us at a glance a comparative statement of the frequency with which the various objective uterine symptoms were observed in the 70 cases submitted to examination, and also informs us of the results of the treatment in each case. Setting aside the results of digital examination alone, we find that 86 cases were suffering from one or other of the four stages of *cervico-metritis*, of which the third stage, that of *ulceration of the cervix*, was the most frequent. In 18 cases the uterus was engorged, and in 11 there were distinct flexures. As regards the relative curability of the various conditions, we find that 77 per cent. of those suffering from inflammation and ulceration of the uterine neck were cured, while only 55 per cent. of those suffering under engorgement were restored to health. Of the 11 cases, where the uterus was more or less bent, 9 recovered. And, lastly, of 20 cases where digital examination afforded evidence of the existence of this disease, but where the speculum was not employed, neither was any local treatment had recourse to, 8 cases only, or 40 per cent., regained their health.

9. *Influence of various Remedies upon the Constitutional Symptoms, which accompany this Disease.*—In a chart which constituted Table No. 8, I had noted every remedy, and every potency of each, from which benefit accrued to the various cases, and I had noted the several characteristic symptoms which occurred in each case. It was found impossible however to reduce this to a size capable of being printed in the Journal. I have therefore simply given the names and potencies of the remedies which relieved, and have prepared Table 9, which is an analysis, as it were, of the former,

limiting however the observations to the 18 symptoms of most frequent occurrence, and noting only the remedies which have most frequently proved useful. It would be an almost endless business to direct your attention to all the points of interest contained in these tables, but one or two are well worthy of note; and, first, I would mention what to myself was most unexpected, viz., the remarkably high place held by *pulsatilla*, as a curative agent, in this disease. Of the 18 symptoms whose treatment I have carefully analysed, *pulsatilla* occurs as a chief remedy in no less than 16, and is superior to all in 12. Whereas, *sepia*, which stands next on the list, occurs as a chief remedy in 9 symptoms only, and as the chief in two alone. *Nux vomica* is on a par with *sepia*, in the frequency of its usefulness, and then follows *sulphur*. I must, however, guard you here against a possible error, in the use of this table, which will be best illustrated by an example—*e. g.*, of the 51 cases characterised by *headache*, Pulsatilla benefitted 35; this, however, does not prove that Pulsatilla relieved the headache in 35 cases, but that 35 cases, *relieved in their totality by Pulsatilla*, presented headache as a chief symptom, and so with all the other symptoms referred to in the table. A very strong argument in favour of the truth of homœopathy may surely be drawn from the frequency with which each case, characterised by any given symptom, yielded to one remedy, as, for instance, 35 out of 51, characterised by headache, being relieved by *pulsatilla*; 29 out of 50 cases, with *pain in the back*, being benefitted by *Sepia*; 10 out of 18 cases with *pain in the left side*, being relieved by *pulsatilla*; and 11 out of 15 cases with *menorrhagia*, receiving benefit from *platina*, it being impossible to conceive that anything short of a causal connection could produce such frequent recurrences of the same phenomenon. And I may perhaps be allowed to add, that while thus affording evidence of the truth of the homœopathic law, it, at the same time, indicates that my efforts to select the proper remedy for each case have not been unsuccessful; and, hence, that where a necessity for the employment of auxiliary means was felt, it was not in consequence of any want of care in conducting the homœopathic treatment. Lastly, we have some interesting facts respecting the comparative effects

of high and low potencies: for it appears from table 11, that of 108 cases treated exclusively by high or low potencies, 85 were benefitted by the low, and only 28 by the high attenuations; and among the cases where both high and low potencies were used, there were 19 in which the low potencies proved decidedly the most beneficial. These results are all the more trustworthy since, throughout the treatment of the cases, I had no thought of comparing the results, and hence could not be misled by any foregone conclusion.

I must now draw this lengthy paper to a close, and I think this can best be effected by recapitulating a few of the most important conclusions which I have been led to form in connection with this disease; and these are as follow:—

1. That inflammation and ulceration of the cervix uteri is a very common cause of female delicacy.

2. That, almost without exception, cases of permanent *leucorrhœa* owe their origin to this disease, save when dependent upon much graver causes.

3. That many cases of functionally deranged menstruation, are connected with this disease.

4. That the constitutional disturbance which accompanies this disease varies so much in different cases, that no unvarying connection can be traced between the exact state of the uterus and the subjective sensations experienced by the patient.

5. That the constitutional disturbance may be greatly benefitted, if not altogether removed, by general treatment, while the state of the uterus remains unchanged, but that such cases seldom retain their health for any length of time.

6. That the local disease may be cured by purely local treatment, without any immediate relief to the constitutional disturbance. But once the local mischief is remedied, the constitutional treatment becomes more facile, and affords a much better prospect of complete success.

7. That the treatment by general remedies alone proves sufficiently successful, in slight cases, to warrant a trial of these means in almost all cases in the first instance, and warrants the hope that the time may come when local treatment may be dispensed with.

8. That of the various objective symptoms met with in this disease, the one most amenable to general treatment alone is enlargement and induration of the cervix. Case 88 illustrates this point.

9. That we have no 'positive evidence of a sufficient number of cures of severe cases, especially of ulceration, by general treatment alone, to warrant our persevering in the use of general remedies to the exclusion of all local treatment, in such cases as present well marked signs of uterine ulceration, and which are not benefitted locally after a fair trial of internal remedies.

10. That the local treatment of ulcerations and congestions of the uterus by *nitrate of silver*, *pernitrate of mercury* and *potassa fusa* is in strict conformity to the law of "*similia similibus curantur*."

11. That owing to the want of correspondence between the local and general symptoms of this disease, it is not safe to pronounce positively on the local condition of any given case until it has been subjected to a careful examination by the finger and speculum.

12. That owing to this same want of correspondence, and to the extreme poverty of our *Materia Medica* in objective uterine symptoms, our treatment of this disease by general remedies must be somewhat empirical, and, for the same reason, we are not in a position to decide how far purely constitutional treatment may ultimately succeed in curing this disease.

POSTSCRIPT.

I cannot allow this paper to go to press without endeavouring to guard my readers against an erroneous impression which several of those gentlemen entertained who heard it read. I refer to the apparent meagreness of the "abstract of cases" which occurs in the Appendix. Several of my medical brethren regretted that I had not entered into symptomatic details. Nay—one went so far as to assert that a single fully delineated case would have been more useful than the 180 in the condition in which they appear. Now, the fact is, that it is simply impossible to write full details of every case, if you desire to compare numbers together; the bulk of material and the minute differ-

ences render all comparisons intensely difficult, and often impossible. Who has not felt this in our *Materia Medica*? wherein, if you attempt a minute comparison of two or more remedies, you soon land yourself in inextricable confusion, seeing there is no standard wherewith to mark the limits within which the minuter elements of a symptom may vary, without entitling it to be considered as a distinct variety. The object of this demand for the minute details of every symptom of a case, is to bring any failure which may occur to the test given by Hahnemann, in his oft-quoted challenge of 1817. "Take a case," said he, "of course one for which a homœopathic remedy has already been discovered, note down all its perceptible symptoms in the manner which has been taught in the Organon, and with a correctness with which the author of homœopathy shall be perfectly satisfied; apply that drug which shall be perfectly homœopathic to all the symptoms, the dose being of the size prescribed in the Organon, and avoiding all those heterogeneous influences which might disturb the action of the drug; and if, under these circumstances, the drug does not afford speedy and efficient help, then publish the failure to the world in a manner which shall make it impossible for me to deny the homœopathy of the drug and the correctness of your proceedings, and the author of homœopathy will stand confounded and convicted." Four separate reasons lead me to regret, exceedingly, that the above sentence has been so often and so boastfully referred to. 1st. It ill accords with the spirit of various parts of the Organon, and especially with paragraphs 162-3 and 4, where Hahnemann speaks of the results obtained by remedies only partially homœopathic to the disease, but still more contrary does it appear to be to the instances deduced from allopathic sources, by Hahnemann, in proof of the homœopathic law, since in many of these, no such minute accordance of the symptoms is perceptible, and no reference is made to the question of dose, or the counteracting influence of mixed medication. 2nd. If the terms of this challenge be accepted as the essential ground upon which the non-success of homœopathy in any case must be based, we cannot resist the conclusion, that all the so-called cures by homœopathic remedies which do not come up to this standard

must be rejected, and the results taken as belonging to the large class of recoveries which take place *after* the administration of medicine, *not in consequence* thereof. 3rd. I am surprised it has never occurred to those who refer to the above sentence, that if it were strictly true, homœopathy would be at once reduced to the condition of a pretty, scientific toy, possessed of no practical value whatever, since it would be impossible for any one to prescribe, in strict accordance with the rules laid down, in so far as it but seldom happens that a remedy *can be found possessing so absolute and minute a correspondence* of symptoms as is here demanded. I would like those who bandy about this challenge to weigh well the fate of the electric light, which was discovered more than thirty years ago by Sir H. Davy, and while acknowledged by all as absolutely superior to every method of illumination yet known, has hitherto baffled the efforts of our ablest mechanics to render it available in practice—surely no well wisher of his race would desire that such a calamity should befall our glorious therapeia. 4. The challenge as it stands proves injurious to our cause, as it lays its author open to the charge of sophistry, since he has not left the materials wherewith the test can be applied; the state of our *Materia Medica*, where from an over desire to simplify, all clue has been lost to the natural grouping of the symptoms; the discordant opinions entertained respecting the dose and its repetition; the vague ideas current as to the length of time during which a remedy sustains its action, and our almost entire ignorance as to the reciprocal influence exerted by a medicine over one subsequently administered; combine to render it impossible that any one shall so conduct a case, that another disciple of Hahnemann shall “find it impossible to deny the homœopathicity of the drug or the correctness of the proceedings.”—Under these circumstances, one cannot avoid tracing a resemblance between the above challenge, and that often given by school-boys to a new comer, to engage at “pitch and toss” under the auspicious terms of “heads I win, tails you lose.”

Let it not be supposed, however, that I object altogether to minutely detailed cases, far from it, such details may prove most valuable in advancing our knowledge of therapeutics; but I

maintain that it is impossible to test with absolute certainty the correctness of the treatment of any case by the minute detail of symptoms alluded to in Hahnemann's challenge, and accordingly where a large number of cases of the same disease are brought under review, it is quite unnecessary to enter into each in such a manner as to individualize and separate it from the mass ; besides which, the whole scope of my paper is to illustrate general principles, since any attempt at detail would have extended it altogether beyond the ordinary limits of an oral address.

My views respecting the practical working out of the homœopathic principle may be briefly stated as follows:—We must in the first place, learn to diagnose the medicines, just as we would study the diagnosis of a disease, and until we have attained such knowledge we cannot employ our remedies with confidence.

2nd. As regards those maladies which evidence themselves by subjective sensations only, we cannot be too minute in the examination of details.

3rd. Where objective symptoms exist, and where the actual pathological condition is detectable, we must consider a correspondence in this respect between the pathogenesis of the medicine and the disease as a question of vastly more consequence, than minute shades of difference in the subjective sensations.

4th. We shall find it of more practical value to gain acquaintance with the sphere of action of a remedy, together with its characteristic groups of symptoms and special peculiarities, than if we succeeded in retaining in our minds the whole mass of symptoms recorded in the provings.

5th. In entering into minute detail we must never forget that the power of accurate observation is very small in the vast majority of patients, and hence the grounds whereon to rest our selection, if influenced by minute shades of difference, is very insecure, and may mislead us far more than the well grounded deduction of a pathological comparison between the known action of the remedy and the ascertained condition of the patient.

APPENDIX.

ABSTRACT OF 180 CASES

OF

UTERINE DISEASES AND THEIR TREATMENT,

TOGETHER WITH ANALYTICAL TABLES OF RESULTS,
AGES, SYMPTOMS, ETC.

NOTE 1. Among the 180 cases reported in the following abstract there occur one case of Cancer, (90,) and two of Scirrhus, (62, 157,) these however do not find a place in the calculations which follow, and are only introduced to show that while the two cases of Scirrhus obtained no benefit from general treatment alone, the case of Cancer was for a time decidedly relieved by local remedies in conjunction with general treatment. In the calculated tables the places of these three are supplied by (6x, 27x, 102x,) which are re-entries of the preceding cases (6, 27, 102), as the patients returned under treatment suffering from a distinctly different condition of the Uterus. These and 52x are the only instances of double entry throughout the abstract.

NOTE 2. As regards the medicines, the figures following each indicate the potency, and when the letter x is added, it denotes that the potency was according to the decimal scale—thus *Puls.* 3. denotes the 3rd centesimal and *Puls* 3x the 3rd decimal potency of this remedy. The letter O denotes the mother tincture.

ABSTRACT OF ONE HUNDRED AND EIGHTY CASES,

ETC. ETC.

No.	Age.	Length of illness.	Uterine discharge.	Chief symptoms.	Length of time under treatment.	Results.	Remedies which relieved.
1	29 Single	6 or 8 months	Menses scanty—no <i>Leucorrhœa</i> . Not examined.	Weak, dyspeptic, short-breathed	9½ months	Benefitted	<i>Puls.</i> /3x— <i>Sulph.</i> /3— <i>Calc.</i> /12— <i>Puls.</i> /6— <i>Nux</i> com. /12— <i>Nux</i> v /6— <i>Puls.</i> /12— <i>Sep.</i> /12— <i>Ferrum Sulph.</i> /1x— <i>Arsen</i> /6 /6.
2	18 Single	9 months	Menses copious—much <i>Leucorrhœa</i> . Examined	Weak, dyspnea, pain in back, nervous Vagina and Uterus very sensitive	7½ months	Has varied much, at times much better	<i>Sepia</i> /5— <i>Puls.</i> /12— <i>Bell.</i> /12— <i>Ign.</i> /6— <i>Bell.</i> /3x— <i>Sepia</i> /12— <i>Puls.</i> /3x.
3	21 Single	12 months	Menses absent, never regular—much <i>Leucorrhœa</i> . Not examined	Weak, severe headache	4 months	Cured. Has had relapses of headache when menses delayed	<i>Puls.</i> /12— <i>Kali carb.</i> /12— <i>Puls.</i> /12— <i>Kali carb.</i> /6— <i>Sepia</i> /12 /12.
4	16 Single	6 months	Menses not commenced Not examined	Chlorotic, vomiting, pains in abdomen	10 months	Menses came on in 14 weeks and continued, but with much pain at times—general health better	<i>Ery.</i> /8x— <i>Puls.</i> /30 /30— <i>Sulph.</i> /12 <i>Sep.</i> /12— <i>Magn. ac.</i> /1— <i>Cocculus</i> /3— <i>Puls.</i> /6.
5	20 Single	6 months	Menses absent—frequent <i>Leucorrhœa</i> . Not examined	Palpitation, dyspnea, debility, pains in back and abdomen	2 months	Some benefit	<i>Sep.</i> /6— <i>Natrum mur.</i> /12 <i>Ferr ac.</i> /2.
6	15 Single	3 months	Menses absent—much <i>Leucorrhœa</i> . Not examined	A fit once a month, pain in back	3 months	Fits left her at once, menses returned, and she was well	<i>Bell.</i> /3 /3— <i>Sep.</i> 5— <i>Kali c.</i> /3 /6.

6x	15 Single	Menses irregular — some <i>Leucorrhœa</i> Not examined	Headache and irregular menses	4 months	Improved	Bell. /6—Puls. /6 /12— Kali c. /6—Sep. /12 /12
7	28 Single	Many years Menses very scanty and painful—slight <i>Leucorr- hœa</i> . Examined	<i>Extreme debility</i> , nervous- ness, pains all over, es- pecially in right ovary Uterus tender, but looks healthy <i>Dysmenorrhœa</i> , headache, <i>Dyspepsia</i>	6 weeks	Not much change—was formerly under my care many months with doubtful benefit	Aren. /30.—Bell. /8.
8	22 Single	Some years Menses very scanty, too late, and painful—much <i>Leucorrhœa</i> Not examined		12 months	Occasional relief, but nei- ther great, nor perma- nent	Sep. /12—Puls. /6—Coca. /8 —Nux. v. /8—Graph. /8. Bell. /32.—Graph. /8.
9	25 Single	Many months Menses scanty and pale— copious <i>Leucorrhœa</i> Not examined	<i>Leucorrhœa</i> , Debility, (face-ache), back-ache	6 weeks	Improving, <i>Leucorrhœa</i> much better	Sulph. /12—Calc. /12.
10	18 Single	7 Months Menses absent—no <i>Leu- corrœa</i> Not examined	Vertigo, congestion of head, flushed face	1 month	Nearly cured, menses have returned, some nervous trembling alone remains	Acon. /8.—Bell. /8.
11	20 Single	2 months Menses absent Not examined	Headache, tremulous weakness	1 month	Headache better, menses returned	Puls. /8.
12	40—50 married, a large family	2 or 3 years Menses very copious every 14 days—some <i>Leucorr- hœa</i> Not examined	<i>Menorrhagia</i> , burning in back, debility, &c.	34 months	Benefitted, but varied much—left the Town	Vinca /3 1/2 Bell. 8—Plat. /8 /8—Rhus. /8.
13	25 Single	6 years Not examined Menses very scanty Not examined	<i>Dysmenorrhœa</i> , pain in back	34 months	Decidedly benefited, but left Town. I believe she had retroversion, proba- bly requiring mechan- ical aid	Nux v. /3.—Rry. /12—Sep. /12—/12—Alam. /12— Berb. /8.
14	25 Single	a long time Menses regular — copious <i>Leucorrhœa</i> Not examined	Languor and debility, cough	18 days	Decidedly benefited, but left the Town	Phos. /3—Sep. /8.
15	26 Single	3 years Menses regular—painful Not examined	<i>Dysmenorrhœa</i> , severe ab- dominal pain for a week before menses	7 months	Varied much, pain ceased for 2 or 3 periods and then returned — there were many untoward moral causes in operation throughout	Carb. v. /5—Sep. 12.

No.	Age.	Length of illness.	Uterine discharge.	Chief symptoms.	Length of time under treatment.	Result.	Medication which relieved.
16	33 Single	many years	Menses irregular, too late, occasional <i>Leucorrhoea</i> Examined once 'roughly'	Headaches — <i>Hypogastric pain</i> — <i>Dysmenorrhoea</i> Cervix very tender, os patent and edges soft as if excoriated.	18 months	In 1846 I treated her headaches with much benefit. During the 18 months of treatment for uterine symptoms, but little benefit accrued N. B.—This case was treated chiefly by correspondence.	Arsen. /12—Bell. /3—Puls. /3—/8—Nux. v. /8—(advised Lyc. /30—Graph. /30—Sulph. 30—Calc. 30, occasionally in single doses, used for 6 weeks). Examined uterus, and ordered Douche, which was used 4 months with temporary benefit; advised Bell. /30—Kali c. 30—Sep. /30—Bry. /30 occasionally—no change—treatment followed very irregularly.
17	33 Single	long delicate, 11 months ill	Menses too early, copious, <i>Leucorrhoea</i> before and after menses Examined 'roughly' and 'sound'	General debility—uterus only examined shortly before she left Town Os patent, considerable engorgement of uterus	on 2 occasions 2 months each time	Occasional benefit: but this case I believe decidedly required local treatment, which was not followed, from want of opportunity	Sulph. /12—Calc. 12—Nux. v. 3—3—Sulph. —Nux. v. 3—3—Puls. 3—Sep. /12—Ignat. /3—3—Bry. /3—this attendance was chiefly for catarrhs—1849 had first severe dysentery, diarrhoea, and then uterine symptoms Bry. 3—Arsen. 6—Sulph. /12—Ign. /3—3—/3—Lach. /12—Puls. /3—Ign. /3—Ipec. /1 ordered Douche.
18	16 Single	2 or 3 months	Menses too early—copious and long Not examined.	Anæmia, debility, headache	5 weeks	Not much benefited before leaving town, but she continued the treatment and got quite well	Bell. /3—/3—/6—Chin. /1—Calc. /6—/6.

19	38 married, no chil- dren	many	Menses absent for a time then regular—copious <i>Leucorrhœa</i> Examined and treated by Simpson's pessary	Debility and local weak- ness as of threatened prolapse—her general health much disordered from other causes, chiefly imperfect nutrition from irritable stomach; the treatment of the uterine symptoms was purely mechanical and perfectly satisfactory. She wore the pessary from May 14, 1849, to February 8, 1850, without any incon- venience and was cured. Anteversio and uterus enlarged.	9 months		
20	39 married, 1 child	3 years; since first confinement	Menses regular—copious— slight <i>Leucorrhœa</i> Not examined	Debility, irregular and very slow action of heart. Membranous dysmenor- rhœa	3½ months	No decided benefit.	Dig. /℥—/℥—Alum. /℥0— Sop. /℥0—Lyo. /℥0— Graph. /℥2.
21	22 Single	14 months	Menses too early—copious— much <i>Leucorrhœa</i> Examined and treated lo- cally with much more success than general treatment. — ALEXANDER NIX. PEARCE OF MISSOURI	Debility, pain in back, <i>Hypo- pogastrie weight</i> . Inflam- mation and ulceration of cervix and canal.	8 months	General health somewhat benefitted by the general treatment, but uterine symptoms remained un- changed till local treat- ment was commenced, since which she has be- nefitted considerably	Kali. c. /℥.—/℥.— (menses ceased now, Jan. 3rd, and did not return.) Merc. corr. /℥2—/℥2—Bry. /℥2— /℥2.
22	30 married, no chil- dren	13 years	Menses very copious—co- casional <i>Leucorrhœa</i> . Examined, treated by Simpson's pessary with- out any benefit	Pain in back, constipation. Retroversion and second stage of cervico-metritis	3 months	No real benefit, and the pessary appeared to do harm. I, however, lost sight of the case while she was wearing it	Sulph. /O—Alum. /℥.— Bry. /℥.

No.	Age.	Length of illness.	Uterine discharge.	Chief symptoms.	Length of time under treatment.	Results.	Remedies which relieved.
23	40-50 married, 11 children—1 from 1st marriage, 8 from 2nd.	8 years	<i>Menses</i> regular — scanty <i>Leucorrhoea</i> Examined	<i>General debility, nervous symptoms.</i> Hypogastric pain. A large ulcer on cervix healed in centre, raw round edges	3½ months	Completely cured locally, and general health much improved, hysteria often returns. Local treatment consisted of douches only	Kali Iod. /1. Mag. Carb. /6. Nux. M. /6. Kali Carb. /3- /8. Lach. /6
24	33 Single	a long time	<i>Menses</i> regular, copious—slight <i>Leucorrhoea</i> Not examined	<i>Debility, neuralgic pains</i> in back, headache, &c	5½ months	Decided benefit to general health—many uterine symptoms return at times	Nux. v. /12.—Ign. /6—Nux. m. /3x.—Plat. 12—Plat. /12 — /12. — Cham. /12—Bell. /8.
25	14 Single	some months	<i>Menses</i> irregular Examined 'rougher'	<i>Constipation, disinclination</i> for all exertion. Uterus sensitive to touch, she masturbated	9 weeks	But little benefit before she left town, but ultimately recovered under homeopathic treatment. I chiefly treated the constipation.	Puls. /3—Bry. /3—Plat. /6.
26	35 Single	many years	<i>Menses</i> regular Examined 'sound,' and treated with Simpson's pessary	<i>Hysteria, spinal and uterine irritation, constipation</i> Retroversion of uterus, also uterus sensitive to touch, os patent	11 months	For some months greatly benefited, but became worse after the use of the pessary, and returned to allopathic treatment	Nux. v. /3.—Sulph. /6.—Nux. v. /6.—Puls. /6.—Sep. /12.—Bry. /3x—/3x /1.—Merc. 3—Nux. v. /3x—Bry. /3x (Oct. 17 introduced pessary) Cham. /1.—Bell. 3x.—Nux. v. /3. (March 2nd removed pessary) Plat. 6—Ignat. /3x.—Puls. /6—Nux. v. /30—Sep. /30.
27	27 Single	many years	<i>Menses</i> regular, <i>Leucorrhoea</i> Not examined	<i>Hysteria, faintness, pain</i> in back, debility, &c.	6 months	Some temporary benefit	Merc. /5. (<i>Argem.</i> nil at times from Jan. 22 to Nov. 7th) Kali Iod. /1—Merc. ac. /1—Merc. L. /1 (introduced pessary Dec. 30th, removed it Oct. 11th.)
27x	27 Single	many years	<i>Menses</i> regular,— <i>Leucorrhoea</i> . Examined and treated by Simpson's pessary, and Abney's Nit.	<i>Hysteria, faintness, pain</i> in back, debility &c. Retroversion, ulceration of cervix and canal, posterior wall engorged	1 year and 7 months	The local treatment did much good, but was given up before the cure was complete; many morbid symptoms checked the progress much	

28	30-40 married, 4 or 5 children	some years	<p>Menses always have been copious; for some time Menorrhagia</p> <p>Examined shortly before she left town—'retrocur'</p>	<p>Hysteria, great general debility.</p> <p>Menorrhagia, posterior wall engorged, uterus sensitive to touch, os patent</p>	7½ months	<p>All the usual remedies for excessive menstruation and hysteria were given in various ways, as regards potency, dose, &c., with only occasional and temporary benefit. Plat / 12—Ign. 3 and, at one time, Secale. / 3 did good. On examination, however, chronic inflammation of posterior wall of uterus was discovered, and I believe local remedies alone will do good. The patient left town before these were tried, but will probably return.</p> <p>Yinca / 1. (applied pessary March 8th, and removed it July 8th.) Chin. / 1—Kali carb. 3—Nux. / 3x—Ammon. carb. / 3x—Thuja. / 3.—Chin. sol. / 1. Ammon. carb. / 3x.</p> <p>Sulph. / 30.—Bell. / 30.</p>	<p>at one time the pessary caused much pain, but this was at once removed by re-adjusting the instrument)</p> <p>Lach. / 6 Merc. corr. / 3</p> <p>—Dry. / 3—Rhus. / 3x.</p>
29	27 married, 1 child	4 years since child-birth	<p>Menses very copious and long continued, occasional Leucorrhoea</p> <p>Examined and treated by Douche and Simpson's pessary</p>	<p>Menorrhagia, debility, bearing down pain, spasmodic cough</p> <p>Enlargement and anteversion of uterus, os patent</p>	2 years and 6 months	<p>Much benefited by pessary, after which she became pregnant, had a still-born seven months' child and has since felt weak at times, though, on the whole, decidedly better, the menses much less copious</p> <p>Benefitted, but not cured, left too soon to judge</p>	<p>Vinca / 1. (applied pessary March 8th, and removed it July 8th.) Chin. / 1—Kali carb. 3—Nux. / 3x—Ammon. carb. / 3x—Thuja. / 3.—Chin. sol. / 1. Ammon. carb. / 3x.</p>
30	27 married, has children	some years	<p>Menses too frequent, pale, copious Leucorrhoea at times.</p> <p>Not examined</p>	Pain in left ovarian region	3 months	<p>Much benefit to general health, some uterine symptoms remain but much less urgent. Pessary appeared to do good and caused no inconvenience. The retroversion was completely cured</p>	
31	20 Single	some years	<p>Menses regular,—Leucorrhoea copious, yellow, fetid.</p> <p>Examined, treated by Douche and Simpson's pessary</p>	<p>Leucorrhoea, hysteria, bearing down pain, &c.</p> <p>Retroversion of Uterus, and 1st stage of cervicometritis</p>	7½ months	<p>Much benefit to general health, some uterine symptoms remain but much less urgent. Pessary appeared to do good and caused no inconvenience. The retroversion was completely cured</p>	<p>Ign. / 3x—Calc. / 6.—Sulph. / 3.—Dry. / 3x.—Kali c. / 2.</p> <p>(she wore the pessary from Dec. 30th to July 9th.)</p>

No.	Age.	Length of illness.	Uterine discharge.	Chief symptoms.	Length of time under treatment.	Results.	Remedies which relieved.
32	30-40 married, 8 children	many years	Menses usually very copious - copious yellow <i>Leucorrhœa</i> . Examined and found	<i>Hysteria, catalepsy, debility, Leucorrhœa, &c.</i> Ulceration (syphilitic) - uterine engorgement	2 years	Was very irregularly under treatment, never long at a time, and refused to submit to local remedies, only temporary benefit was obtained Cured without local treatment. The recumbent posture was enjoined for two or three months	Nit. ac. /2-Merc. /5-Rhus. /8x.
33	41 married, no children	3 years	Menses copious and almost constant - thick yellow copious <i>Leucorrhœa</i> Examined 'touchers'	<i>Leucorrhœa, Menorrhagia, debility, pain in back</i> Irregular induration of cervix.	6½ months		Chin. /6.-Arsen. /6.-Sep. /12-Sep. /30.-Sep. /30.-Aw. /30.-Sulph. /30.-Sep. /30.
34	30-40 Single	many years	Menses, frequent, copious - copious <i>Leucorrhœa</i> for 8 or 9 days after menses. Not examined Menses copious early - occasional copious serous <i>Leucorrhœa</i> Examined, 'touchers' and 'soured,' which caused spasm Menses irregular. Examined	Debility, <i>Menorrhagia, Leucorrhœa</i> an abdominal tumour which is probably fibrous tumour of Uterus <i>Numbness of right arm and leg, debility</i> Has had perineum ruptured which permits of partial prolapse. <i>Uterus</i> engorged, os patent <i>Bearing down pain, debility, is hysterical</i> Os patent	11½ months	Considerable benefit to general health, not much change in the uterine symptoms. Not much change in 1848 - decided benefit in 1850	Sulph. /30.-Bry. /30.-Graph. /3.
35	40 married, 4 or 5 children	3 years			6½ months occasional		Zinc /30.-Nux v. /12.-Bry. /3x.-Nux v. /3x.
36	30-5 married, 3 children, 3 miscarriages	3 months			3½ months	Cured - Very soon after examination with the "soured," she became pregnant and soon got well	Bry. /3x.-Nux v. /6/12-Pale. 12.-Sulph. /6/12.- Had a healthy child, made a good recovery.
37	23 Single	a long time	Menses too late, painful Examined just before she went away	<i>Opisthotonos - hysteria, pain in back, debility, second stage of cario-metritis</i>	5½ months	Is extremely fanciful about the medicines, and every remedy produced some kind of aggravation. I only treated the fits, and without any success, except that traceable to moral causes. Dr. Bennet then took the case; detected ulceration of cervical canal, treated and healed it with caustic which did very much good. A relapse of the fits, some months after, yielded to change of air and scene. The patient however is still far from well.	

38	50 married, no chil- dren	21 years	<i>Menses</i> have ceased—occasional <i>Leucorrhœa</i> Examined, hymen perfect	<i>Burning pain and tenderness in sacrum</i> , inability to walk far Inflammation and ulceration of cervical canal	12 months	General remedies had no effect; <i>Argent. Nit.</i> healed the excoriation and removed inflammation of cervical canal, but symptoms continue Cured. The case progressed slowly, and went on well during her absence, when she prescribed for herself p.r.n. Relieved, but left the town too soon to judge the effect of treatment. Sea water douche used	<i>Bry.</i> /3x.— <i>Kali Bichrom.</i> /3x.
39	40—5 married, no chil- dren	many years	<i>Menses</i> with much pain— <i>Leucorrhœa</i> Examined, 'TOUCHER.'	General debility, bearing down pain, constipation, dyspepsia Enlargement and congestion anteriorly Bearing down pain after all exertion, debility	7 months, occasional		<i>Puls.</i> /6— <i>Sep.</i> /30— <i>Bell.</i> /30— <i>K. Bich.</i> /2/6— <i>Merc. acet.</i> /3x.— <i>Nux v.</i> /3x.— <i>Arcan.</i> /6.
40	25 married, 1 child 2 years old	2 years	<i>Menses</i> regular till six weeks before treatment, now absent— <i>Leucorrhœa</i> occasionally in gushes Examined	Anterior wall congested and tender, lip red, not excoriated <i>Leucorrhœa</i> , pain across top of thighs, easily fatigued	1 month		<i>Sepia</i> /12.
41	21 Single	3 or 4 years	<i>Menses</i> never free, too late, absent, pale or brown—copious <i>Leucorrhœa</i> Not examined		1 month	Much improved, but left town too soon to judge. <i>Menses</i> occurred once, more healthily, she used cold sitz bath and abdominal compress occasionally	
42	35 married, child 7 years old	many years, worse 18 months	<i>Menses</i> regular Examined once, 'TOUCHER' and 'SOUND'	<i>Great debility</i> , discharge of pus per anum, has evidently pelvic abscess, which showed itself after the use of Simpson's pessary, but probably existed previously Retroflexion	4 months	A little improvement to general health, varied much	<i>Silic.</i> /6— <i>Puls.</i> /6— <i>China</i> /8

No.	Age.	Length of illness.	Uterine discharge.	Chief symptoms.	Length of time under treatment.	Results.	Remedies which relieved.
43	18 Single	some time	Menses too frequent, scanty, and painful—copious <i>Leucorrhœa</i> Not examined	<i>Leucorrhœa</i> , pain in left side, pain in back	6 weeks	Very much improved, but left too early to be cured	Nux v. /12—Sep. /12— <i>Sulph.</i> /6.
44	18 Single	3 years	Menses regular, scanty, and very dark—copious <i>Leucorrhœa</i> Not examined	Nervous debility extreme, severe left side pain, &c. Bearing down pain	6 months	No improvement of any duration; this case should have been examined, and most likely required local treatment	
45	35—40 married, several children	a long ill	Menses very copious and frequent — <i>Leucorrhœa</i> copious Not examined	<i>Menorrhagia</i> , vomiting, pain in left side	4½ months	Cured	Sep. /12—Bell. /6—Carb. v. /30—Alum. /30—Cham. /30—Alum. /30—Graph. /30.
46	30—5 Single	11 years	Menses pretty regular, painful—occasional <i>Leucorrhœa</i> Examined, treated by Douche, Simpson's pessary, and ALEXANDER NIT.	Pains in back and groins, great debility, headache, retroversion of uterus. Inflammation and ulceration of cervical canal—engorgement of posterior wall	2 years 4 months	A very instructive case, general remedies did no permanent good; neither did the douche; Simpson's pessary did fully more harm than good, though it removed the retroversion. But when ALEXANDER NIT. was freely applied to the cervical canal, improvement commenced and progressed satisfactorily, though not rapidly—Bell. /3x Hyper. /8x relieved the headache. No remedy was of marked use, but many relieved.	
47	27 married, 1 child, 6 months	5 months	Menses absent, is sucking—copious <i>Leucorrhœa</i> Not examined	Pain in left side, <i>Leucorrhœa</i> , sinking at epigastrium	2 months	Cured	Acon. /6— <i>Sulph.</i> /30—Nux v. /30.
48	20 Single	3 years	Menses too late—some <i>Leucorrhœa</i> . Not examined	Headache, — occasional nausea	1 month	Cured. Relieved from a relapse and she then left the town	Puls. /3—Puls. /6—Puls. /12—Bell. /6.
49	18 Single	3 months	Menses absent Not examined	<i>Menorrhœa</i> , — headache, dyspepsia, pain in loins	6 months	At first relief to general health, then no further improvement. Menses did not return. Widow Welch's pills cured her soon after she left my charge	Bell. (only high potencies, and at long intervals, were tried)

50	24 Single	6 months	Menses absent 12 months —no <i>Leucorrhœa</i> Not examined Menses copious every 14 days—occasional <i>Leu-</i> <i>orrhœa</i> . Not examined	<i>Headache</i> , <i>Amenorrhœa</i> , nausea	6 months	No marked improvement, and no return of menses tried.	Low potencies chiefly were tried.
51	44 married & children	16 months	Menses regular—copious <i>Leucorrhœa</i> Examined, treated by <i>Argent. Nit.</i>	<i>Menorrhagia</i> , debility	17 months	General health quite re- stored, menses continued copious till near end of treatment	<i>Puls. /6—Plat. /6—Arsen.</i> <i>/12.</i>
52	38 married several children	some time	Menses regular—copious <i>Leucorrhœa</i> Examined, treated by <i>Argent. Nit.</i>	<i>Leucorrhœa</i> , debility, pain in abdomen On irregular and patent, cervix ulcerated	6½ months	Cured, and continued well until after another con- finement, when uterine symptoms returned—see <i>52x</i>	<i>Argent. Nit.</i> locally had most effect, <i>Merc. c. /2—</i> <i>Lach. /6.</i>
52x			Menses regular—copious <i>Leucorrhœa</i> Not examined	<i>Leucorrhœa</i> , debility, pain in abdomen	10 weeks	Cured	<i>Bell. /3x.</i>
53	28 Single	4 years	Menses absent, or very scanty Examined 'toucher' and 'sound' Menses absent, is nursing. <i>Leucorrhœa</i> , Examined and treated by <i>Argent. Nit.</i>	<i>Chlorosis</i> , debility, cardiac pain, and breathlessness <i>Uterus</i> low down, os pe- tent and irregular Debility, pain in left side Ulceration of cervix uteri	12 months	No permanent benefit— probably the speculum would have revealed local disease	<i>Plumb. /12—Graph. /30.</i> <i>Nux v. /30.</i>
54	23 married 1 child	2 months	Menses regular, painful, occasional <i>Leucorrhœa</i> Examined after 7 months' unsuccessful general treatment— <i>Argent. Nit.</i> Menses scanty, pale, pain- ful— <i>Leucorrhœa</i> . Not examined	<i>Headache</i> , pain in right side, debility Inflammation of cervical canal	17 months	This patient had threatened phthisis for years, the ulceration followed a miscarriage, and was cured by <i>Argent. Nit.</i> She again became preg- nant, and had a healthy child, after which she had no return of uterine symptoms but sank from phthisis. Not any relief till after I commenced local treatment, in March, 1850, since which she has progressed alightly, and is still under treatment. After exami- nation, in September, the douche was tried, without benefit.	Cared locally. Cured for years, the ulceration followed a miscarriage, and was cured by <i>Argent. Nit.</i> She again became preg- nant, and had a healthy child, after which she had no return of uterine symptoms but sank from phthisis. Not any relief till after I commenced local treatment, in March, 1850, since which she has progressed alightly, and is still under treatment. After exami- nation, in September, the douche was tried, without benefit.
55	28 Single	12 years	Menses regular, painful, occasional <i>Leucorrhœa</i> Examined after 7 months' unsuccessful general treatment— <i>Argent. Nit.</i> Menses scanty, pale, pain- ful— <i>Leucorrhœa</i> . Not examined	<i>Headache</i> , pain in right side, debility Inflammation of cervical canal	17 months	General health restored, menses were better and less painful, but just before I lost sight of her they passed their time	<i>Puls. /6—Sulph. /12—Puls.</i> <i>/6.</i>
56	28 Single	some time	Menses regular, painful, occasional <i>Leucorrhœa</i> Examined after 7 months' unsuccessful general treatment— <i>Argent. Nit.</i> Menses scanty, pale, pain- ful— <i>Leucorrhœa</i> . Not examined	<i>Dysmenorrhœa</i> , pain in loins	5 months	General health restored, menses were better and less painful, but just before I lost sight of her they passed their time	<i>Puls. /6—Sulph. /12—Puls.</i> <i>/6.</i>
57	30 Single	9 weeks	Menses absent Not examined	<i>Amenorrhœa</i>	8 days	Cured	<i>Puls. /6</i> (no other remedy).

No.	Age.	Length of illness.	Uterine discharge.	Chief symptoms.	Length of time under treatment.	Results.	Remedies which relieved.
58	50 married	2 years	<i>Menses</i> constant, pale discharge—query, was not this <i>Leucorrhœa</i> ? Not examined. <i>Menses</i> , scanty and pale— <i>Leucorrhœa</i> Not examined	Nervousness, occasional fits, apparently epileptic	6 weeks	General health improved, fits less frequent, and was then lost sight of	Lach. /12—Bell. /12.
59	35 Single	3 months	<i>Menses</i> , scanty and pale— <i>Leucorrhœa</i> Not examined	Pain in loins and hypogastrium	5 months	Cured; but when the uterine symptoms ceased pectoral ones supervened, which lasted nine months. No local remedies were used.	Sulph. /6—Puls. /6—Graph. /6—Bell. /6—Ferr. /6—Bep. /80.
60	30 married, no children	3 years	<i>Menses</i> , too copious, and too frequent— <i>Leucorrhœa</i> Not examined	Headache, dysmenorrhœa, bearing down pain	3 months	No permanent relief (this case should have been examined and probably treated locally) Health restored; <i>menses</i> did not re-appear	Ign. /3—Coccalna. /6.
61	16 Single	5 or 6 months	<i>Menses</i> absent 7 months, have only occurred twice Not examined <i>Menses</i> constant, sanguineous discharge Examined 'touching'	Pain in left side and epigastrium, dyspœsia	3 months	No change, no local remedies were used. She went into the hospital	Puls. /6—Puls. /3—Bell. /3 —Puls. /3—Kali c. 3/
62	53 married	4 months	<i>Menses</i> constant, sanguineous discharge Examined 'touching'	The discharge, great debility Posterior wall of uterus very hard, scirrhus? Prolapse of uterus and rectum, some abdominal pain	5 weeks	Pain removed, no local improvement	Sepia. /6—Sulph. /0
63	67 married	many years	<i>Menses</i> regular, not much pain, pale—slight <i>Leucorrhœa</i> Not examined	Hysteria, debility, dyspepsia, &c.	2 months	Only occasionally under treatment, and was at times much better. After May, 1849, she became worse; dysmenorrhœa and convulsions came on, which were treated locally by Dr. Simpson, and, 'by report,' cured	Puls. /3—Nux v. /6—Lach. /6—Carbo. v. /5—Car. v. /5 /12/80—Graph. /5.12.80 —Calc. /3 /12 /80—Puls. /6. /12 /80

65	30 married, no children	some time	Menses very painful, and with false membrane Not examined	Dysmenorrhœa, debility, hysteria	10 months	Conducted chiefly by cor- respondence, and not re- gularly; no marked be- nefit. She is at present (1850) under Dr. Blake's care and is improving, headache at times much relieved	Canth. /8 — Sacale /6— Scale /6
66	18 Single	11 months	Menses absent 11 months, occasional Leucorrhœa Not examined	Aménorrhœa, Chlorosis, Cardiac symptoms	4 months	Menses occurred once scarcily and then again ceased general health improved considerably. She worked too hard at her needle	Sep. /12—Puls. /6—Graph. /6—Puls. /6—Puls. /6
67	29 married, children	4 or 5 months	Is pregnant—copious Leu- corrœa, yellow Not examined	Leucorrhœa, pain in loins, hypogastric pain	8 months	Improvement in health, Leucorrhœa continued, though less in quantity —left too soon to judge	Sulph. /30—Sepia. /30— Sepia /30
68	39 married	12 months	Menses regular and very copious—copious Leu- corrœa, yellow Not examined	Gastrodynia, headache, Leucorrhœa	6 weeks	Dyspeptic symptoms cured Uterine symp- toms not mentioned in last two reports	Puls. /6
69	38 married, children, youngest	12 months	Menses regular, very scanty—copious white Leucorrhœa Not examined	Leucorrhœa, pain in loins, debility, frequent mlo- turition	3½ months	Not much benefit	Calc. /30—Sulph. /30— Calc. /30—Sep. /12
70	25 Single	2 years	Menses absent two years, some Leucorrhœa Examined, 'toucher' and 'sound'	Pain in hyperchondria, headache, pain in back Nothing detected, except os and cervix unusually small and soft	3½ months	Some benefit. No return of menses. Left the town	Sep. /5—Puls. /3x.— Sulph. /12—Nat. m. /6.
71	17 Single	some time	Menses too seldom, copious —much Leucorrhœa Not examined	Pain in epigastrium and over abdomen, pain in Hypogastrium	3 months	Very much benefited	Puls. /3x.—Sep. /5—Sep. /12—Sulph. /6.
72	25 Single	some months	Menses regular, pale, and watery—much Leucorr- hœa Not examined	Dyspepsia, pain in back, debility, constipation	6 weeks	Very irregular in her at- tendance—not much be- nefitted, left town too soon	Nux v. /3.

No.	Age.	Length of illness.	Uterine discharge.	Chief symptoms.	Length of time under treatment.	Results.	Remedies which relieved.
73	30-5 Single	17 years	Menses pretty regular—some <i>Leucorrhœa</i> Examined, and treated by douche and Simpson's pessary	<i>Hæmorrhage from rectum, weight in hypogastrium, general debility</i> Retroversion of uterus—uterus engorged, os patent	23 months	Greatly benefitted. Uterine symptoms cured, though the retroflexion was not; general health greatly restored. The pessary produced much irritation and had to be removed, after wearing it from Oct. 24th to Feb. 13th—3½ months Has repeatedly been under my care, and is on the whole very much better, at times much relieved—but she sits too close to needlework, and is thus subject to relapses	Lach. /6—Nux v. /3x.— Lyc. 5 Natrum m. /6— Lyc. /5. Sep. /3x.—Puls. /3x.—Kali L. /1—Merc. a. /1—Kress. /2—Nitri. a. /2—Chin. a. /1—Ign. /3x.— Ara. /3—Bry. /3x.—Nux v. /3
74	18 Single	2 years	Menses very irregular, often absent—occasional <i>Leucorrhœa</i> Not examined	<i>Chlorosis, cardiac symptoms, vomiting, and much dyspepsia, with much gastralgia</i>	5 years	No change—Medicine (Sep.) made her constantly drowsy all day long, which she had never been before. Greatly benefitted, but did not attend regularly.— <i>Leucorrhœa</i> became less	Dig. /6—Sep. /30— <i>Puls.</i> /30
75	55 married	2 years	Menses ceased—copious yellow <i>Leucorrhœa</i> Not examined	<i>Leucorrhœa</i>	1 month		
76	26 Single	2 years	Menses regular, scanty, painful—thick corrosive <i>Leucorrhœa</i> Not examined	Pain in abdomen, pus per anum at times	2 months		Sulph. /12—Calcar. /18.
77	18 Single	8 months	Menses absent 8 months Not examined	Headache, nervousness, fear of becoming deranged	4½ months	Cured. It is not stated whether menses returned	Bell. /3— <i>Ign.</i> /6.
78	19 Single	a long time	Menses too frequent, long, and copious—some <i>Leucorrhœa</i> Not examined	<i>Headache, debility</i>	6 weeks	Menses became more regular and normal, headache continued bad and she was removed by her friends into the hospital	Calc. a. /3.
79	26 Single	some months	Menses very scanty and pale—some <i>Leucorrhœa</i> Not examined	Palpitation, cardiac bruit, chlorosis and debility	3½ months	No marked improvement; she was constantly overworked at her needle, and confined to the house	Low potencies were used except at the two last visits, when Sep. /80 was given with slight benefit

80	22 Single	a long time	Menses absent 4 or 5 months Not examined	Constipation, swollen legs, headache	2½ months	Much relieved, menses occurred once, and then again passed their time, just before I lost sight of the case	Pula. /2--/1.
81	35 Single	many years	Menses very often absent—occasional <i>Leucorrhoea</i> Examined, treated with <i>Asparagus Nix.</i>	Many symptoms, debility, pain in back, &c. Great distension of abdomen, inflammation of cavity of cervix	5½ months	This patient evidently suffers from many other symptoms besides the uterine ones; the latter did not yield until local treatment was used which completely cured them, and, for a time, benefited the general health	Bell. /32.—Pula. /32.— Lech. /6--Sep. /6--Punch a. /1.
82	25 Single	9 months	Menses very scanty and pale—occasional <i>Leucorrhoea</i> Not examined	Pain in left side, general debility	8½ months	Much benefited; lost sight of before she was well. Menses continued pale and scanty, <i>Leucorrhoea</i> decreased	Graph. /30—Graph. /6 /30.
83	35 married, no children	3 years	Menses, condition not stated Examined 'roverent' and 'sound'	<i>Hypogastric</i> weight, pain in left iliac region, vertical headache Vagina, os and cervix very tender, uterus slightly retroflexed, os patent	only seen occasionally	This case has only been treated by medicines, and has varied much, is evidently not yet cured.— July, 1860	30 35
84	35 Single	15 years	Menses regular—occasional <i>Leucorrhoea</i> Examined, and treated by 'sound'	General health bad, has diseased ears, &c., &c., in addition to uterine symptoms, these are chiefly dysmenorrhoea, hysteria, &c. Retroflexion, uterus engorged, os somewhat patent	5½ months	Was treated by medicine alone, from Dec., 1845, to Jan., 1848, with but little real benefit, then examined, and treated by frequent introduction of sound. Her general health improved, uterus became less retroflexed; she married and soon became pregnant, and had a healthy child, and afterwards no uterine symptoms	The medicines did not influence the uterus at all

No.	Age.	Length of illness.	Uterine discharge.	Chief symptoms.	Length of time under treatment.	Results.	Remedies which relieved.
85	35 married, 3 children, youngest 7	8 or 10 years	Menses every three weeks—much <i>Leucorrhœa</i> Examined once	<i>Hypogastric pain, and bearing down, great debility, headache</i> Enlargement and irregularity of os	6 months	Not much benefited	Nux v. /6—Nux. v. /3—(state of uterus at close of treatment not known).
86	21 Single	a long time	Menses regular, very pale Examined, 'toucher'	<i>Great weakness, hysteria, palpitation, bearing down pain, &c.</i> Cervix uteri elongated, tender (inflamed?)	13½ months	On the whole she felt much better, but continued far from well; she subsequently married and had children, and continued delicate	Puls. /12—Lach. /30—Puls. /30—Sep. /30—Bell. /3—Puls. /3—Merc. /5.
87	25 Single	several years	Menses irregular, often absent, scanty, and pale <i>Leucorrhœa</i> before menses Not examined	<i>Headache, debility, nausea, &c.</i>	2½ months	General health much improved; menses did not become regular, her attendance was very irregular	Merc. /6—Arsen. /12—(Silic. /6).
88	27 married, 1 child, 14 months	14 months	Menses regular, too short—much <i>Leucorrhœa</i> Examined and treated by ARGENTI NIT.	<i>Bearing down pain, Leucorrhœa, debility</i> Ulceration of os	4½ months	Ulceration completely cured and health much improved, she, however, frequently caught cold and thus retarded her progress	Merc. lod. /3x.—China /1.
89	25 Single	12 months	Menses scanty, regular and pale—constant <i>Leucorrhœa</i> Not examined	Pain in sacrum, much dyspepsia	6 weeks	Greatly benefited	Sep. /5—Tr. Sulph. /O—Bell. /3
90	40 married, many children	2 or 3 years	Menses copious, and too frequent—copious <i>Leucorrhœa</i> Examined, and treated by PERLITE. HYD. and POTASSA FULB.	Cachexia, debility, severe uterine pains Fungoid cancer of the uterus	1 year	<i>Died.</i> The caustics relieved for a time, she rallied much; the cancer then increased more rapidly, and with it her strength gave way	Nux v. /3—Ars. /3—Bry. /3—/3x.—Bell. /3x.—Lach. /6—Ars. /2.—Con. /1—lod. /2.

91	36 married, 4 children, youngest 6	7 years	Menses regular, painful, copious and brown—milky <i>Leucorrhœa</i> . Examined, and treated by ARGENTI NIT. and POTASS. NITR. HYD.	Spinal disease, aching pain in loins	8½ months	Uterus cured; general health improved for a time, but the symptoms were chiefly spinal, and remained pretty much as before. Ulcer was cured in 4 months	Mem. c. /2—Nux v. /3x—Mere. lod. /3x.
92	25 married, no children	4 years, since a miscarriage	Menses copious, too long, dark—occasional <i>Leucorrhœa</i> . Examined, treated by ARGENTI NIT., POTASS. FUSA	(Gonorrhœa) pain in left side of abdomen, dysmenorrhœa Enlargement of anterior lip of uterus, os patent, canal excoriated	4 years	Uterus was not examined till 2 years after treatment commenced, previously her health improved much at times, and the gonorrhœa cured; for 1 year more, the case was treated by medicine only, with the same effect of temporary improvement. Caustics were then used repeatedly and the uterus improved, as also general health. She is, however, still delicate, and has laterodysnia	Pula. /6—Calc. /12—Bry. /6—Sep. /12—Bell. /6—Lach. /6—Ammon. c. /6—Mere. c. /2—Mere. a. /3x.—Amn. c. /3x.—Bell. /3.
93	23 Single	4 years	Menses very scanty and painful—much <i>Leucorrhœa</i> . Not examined	Debility, headache, pain in left side, bearing down	7 weeks	Much relieved; treatment was not continued long enough	Sep. /6—Pula. /3—Pula. /6
94	21 Single	4 years	Menses very copious every three weeks—much <i>Leucorrhœa</i> . Not examined	Menorrhagia, anaemia, debility	15 months	Menorrhagia cured and amenorrhœa came on; health varied, was better at times, latterly less well	Sep. /12—Bell. /6—Bell. /6—Plat. /6—Plat. /6—Bell. /10—Pula. /6—Bell. /30—Calc. /30
95	30 married, 2 children	2½ yrs. since last child	Menses every 14 days, copious—much <i>Leucorrhœa</i> . Examined and treated locally, ARGENTI NIT. KALI BICHROM.	Menorrhagia, debility, sinking in epigastrium Inflammation and ulceration of cervix and canal	10 months	Greatly improved; local remedies were commenced after 7 months, prior to which local symptoms had improved	Ignat. /3x—Bell. 3x—Bry. /3x.—Pula. /3x.—Sabina /3x.—Kali B. /3x.—Plat. Chl. /3—Stann. /3x.

No.	Age.	Length of illness.	Uterine discharge.	Chief symptoms.	Length of time under treatment.	Results.	Remedies which relieved.
96	31 Single	a long time	Menses never regular, often absent— <i>Leucorrhoea</i> Not examined Menses often too frequent and copious—frequent <i>Leucorrhoea</i> Examined after 2 years, douche and mercurial balls—no effect	<i>Amenorrhoea</i> , dyspnoea, eruption on face	4½ months	Greatly improved in health—only one slight appearance of menses	Sulph. /30—Calc. /30—Bell. /12—Nux v. /30
97	35 married, no children	some years		Pain in epigastrium and groin, hysteria, &c., &c., Rheumatism, &c. Engorgement of uterus, frequent large discharge of pus, as if from pelvic abscess, bursting into vagina	3½ years	Has been under my care for various causes, and is always relieved by medicine, but the uterine symptoms have benefited but little, though she has varied much. Uterine symptoms have benefited chiefly from	Tr. Sulph. /O—Mero. /6—Ann. c. /3—Kreos. /52.
98	24 Single	5 years	Menses irregular, copious, and dark—copious <i>Leucorrhoea</i> Not examined	Hysteria, fainting, cardiac symptoms, dysmenorrhoea, &c.	14 months	Very much benefited, was not regular in her attendance	Puls. /6—Ars. /12—Puls. /12—Puls. /30—Ars. 30—Sulph. /30—Calcar. /30—China. /30—Sep. /30—Sulph. 30.—Bell. /30—Ferr. /12—Sep. /30—Ferr. /2.
99	22 Single	6 months	Menses regular, painful—much <i>Leucorrhoea</i> Not examined	Pain in stomach and abdomen, left side pain, palpitation, headache	2½ months	General health benefited, less <i>Leucorrhoea</i> ; still dysmenorrhoea, and menses scanty and pale Menses came on and general health much improved—lost sight of	Nux v. /3—Puls. /3—Tr. Sulph. /O.
100	16 Single	12 months	Menses absent 7 months Not examined	Chlorosis, left side headache	6 weeks	Only occasionally and for a short time under treatment; the dysmenorrhoea was cured, but returned now and then under the influence of excitement, &c.	Puls. /3—Puls. /12—Mero. /6
101	23 married, 1 child	5 years	Menses regular, copious, dark, painful—copious <i>Leucorrhoea</i> Examined 'recently'	Dysmenorrhoea most severe, hysteria Engorgement, os and cervix rather hard	2 years and 3½ months		Tr. Sulph. /O—Coca. /3

102	35 married, 3 or 4 children	3 months	Menses violent and copious, and too long Not examined Menses too seldom, painful— <i>Leucorrhoea</i> Examined Asenari Nit.	Menorrhagia from congested uterus	3 months	Cured	Puls. /3—China. /0.
102x	35 married, 2 or 3 children			Bearing down pain, debility Enlargement, induration, and ulceration of cervix Pain in back and side, and across abdomen Enlargement and chronic inflammation of uterus	5½ months	Much benefited, left off treatment before she was well	Sep. /80—Bry. /3—/8x.— Puls. /8x.
103	30 married, no children	some time	Menses regular — much <i>Leucorrhoea</i> Examined and treated with Scofield's pessary	Amenorrhoea, debility	5½ months	General health greatly improved; she continued to wear the pessary for some months after discontinuing her medicine, and has since felt well Only seen occasionally; menses returned twice but did not continue regular	Beil. /1—Nux v. /3—T. Sulph. /0—Rhus. /3x.— Lyc. /5.
104	15 Single	9 months	Menses absent 9 months Not examined	Debility, palpitation, dyspepsia, &c.	7½ months	Cured; state of menses and leucorrhoea not mentioned at end of treatment	Sep. /12—Sulph. /12.
105	18 Single	5 or 6 months	Menses too frequent, copious, dark—much <i>Leucorrhoea</i> Not examined	<i>Leucorrhoea</i> , pain in genitals after all exertion	8½ months	Cured	Calc. /30—Sulph. /30— Calc. /30—Sulph. /30.
106	30—5 married, no children	3 years	Menses regular and painful—much yellow <i>Leucorrhoea</i> Examined—douche	Had gonorrhoea, and now chronic inflammation of vagina Pain in abdomen and back, bearing down, debility, &c. Enlargement of uterus with endometritis	6 months	Cured	Merc. c. /2—Bell. /8x.— Sep. /12.
107	35 married, 4 children	some time	Menses copious, too early Examined—'douche'	Amenorrhoea, debility, faintness, depression	3 months	Had been treated by caustics, before coming to me, and pronounced cured, but still suffered much — general health improved greatly Health restored, menses did not return	Bry. /8x.—Nux v. /8x.— Bry. /8x.
108	18 Single	8 years	Menses never regular, now 9 months absent Not examined		4½ months		Puls. /2—Sulph. /12— Graph. /12—Puls. /30.

No.	Age.	Length of illness	Uterine discharge.	Chief symptoms.	Length of time under treatment	Chief symptoms.	Remedies which relieved.
109	16 Single pregnant	2 years	<i>Menses</i> never regular, absent 5 months— <i>Leucorrhœa</i> Examined— <i>Asperiti Nit.</i>	Dyspeptic and nervous symptoms Ulceration of cervix	7 weeks	This poor girl had been seduced and was pregnant, suffered much morally. The <i>Asperiti Nit.</i> greatly benefitted the ulcer, but she left the town before she was cured	<i>Merc. iod.</i> /3x.— <i>Puls.</i> /3.
110	35—40 married, a large family	many years	<i>Menses</i> regular Examined	Hysteria, debility, pain in back, &c., headache Cervix enlarged, os patent and irregular	at intervals only	A very complicated case; long ill; treated 3 years homœopathically with some benefit. Dr. Ashwell then found ulceration of os and cervix, which he treated with <i>Asperiti Nit.</i> and healed. Her system had become very susceptible by the strict hygienic rules she had followed and she gradually and steadily became worse in health, all medicines appearing to aggravate, till at length she became deranged, and was then treated Allpathically by stimulants and tonics with decided but temporary benefit.	∞
111	18 Single	2 or 3 months.	<i>Menses</i> absent 3 months Not examined	Aménorrhœa, Dyspepsia, throbbing of carotids	2½ months	<i>Menses</i> returned—health fell, 12—Bar. c. /6. improved much—throbbing of carotids continued	∞
112	35 married, 3 children	many years	<i>Menses</i> scanty, dark—thick <i>Leucorrhœa</i> Examined 'touches'	Hysteria, toothache, aphthæ, &c., pains in various places Cervix enlarged, os irregular	1 year and 10 months	Symptoms often temporarily relieved, but the general features of the case remained unchanged; she was however constantly transgressing our rules, and moral causes were in continued counter-operation.	∞
113	30—5 married, 1 child	3 years	<i>Menses</i> copious, clotted— <i>Leucorrhœa</i> Not examined	Debility, <i>Leucorrhœa</i> , pain in back	1 year	General health much improved, but she became pregnant, and aborted (afterwards became pregnant, and had a healthy child, and continued to improve under Dr. Black's care)	<i>Puls.</i> /12— <i>Kreos.</i> /12— <i>Puls.</i> /12— <i>Car. v.</i> /12— <i>Zinc</i> /6— <i>Sep.</i> /30— <i>Graph.</i> /30— <i>Puls.</i> /30.

114	30—5 Single	some time	<i>Menses</i> copious— <i>Leucorrhœa</i> Not examined	Pain in back, debility, <i>Leucorrhœa</i>	2½ years occasionally only	Is over-worked as a daily governess; much relieved at times, but the symptoms occasionally returned	Sep. /12—Tr. Sulph. /O—Sulph. /30— <i>Plat.</i> /12— <i>Bry. a.</i> 1/20
115	21 married, 2 children	2 or 3 months	<i>Menses</i> regular— <i>Leucorrhœa</i> Not examined	Pain in side, flatulence, dyspepsia	1 month	Much improved, but lost sight of	Carb. v. /12—Cham. /6— <i>Lach.</i> /12— <i>Carb. v.</i> /12.
116	35—40 married, no children	8 or 10 years	<i>Menses</i> regular—not much <i>Leucorrhœa</i> Examined, treated mechanically	Bearing down pain, pain in back, debility, hysteria, &c. Retroversion of uterus and chronic inflammation, engorgement	5½ months	General symptoms improved, and but for moral causes would have done so much more. Dr. P. Smith afterwards restored the uterus and relieved her much by Simpson's pessary, but she still remained weak. No remedy seemed to influence the uterine symptoms.	
117	35 Single	many years	<i>Menses</i> regular—constant <i>Leucorrhœa</i> Not examined	Neuralgia, chiefly of face and head, headache, bearing down pain, great debility, constipation	15 months	No great benefit, though at times relieved. This case I believe to have been one in which the uterine symptoms were the most important, and where local treatment would probably have done good.	
118	19 Single	some time	<i>Menses</i> irregular absent 6 months Not examined	Headache, pain in hypochondria	6½ months	Cured	Puls. /6—Sulph. /80—Sep. /30— <i>Lyc.</i> /30 (menses returned)—Tr. Sulph. /O—Bell. /3—Tr. Sulph. /O—Bell. /3.
119	30 married, 1 child 10 months	10 months	<i>Menses</i> every 14 days, copious—much <i>Leucorrhœa</i> Examined— <i>Argent. Nit.</i>	Weakness in Epigastrium, pain between shoulders, bearing down pain, debility Inflammation and ulceration of cervix	5½ months	Improved, general health better; ulcer more healthy and smaller, from <i>Argent. Nit.</i> ; she attended irregularly, and was lost sight of	<i>Ign.</i> /3— <i>Nux v.</i> /3x.
120	36 married, 7 children, youngest 7	8 years	<i>Menses</i> every three weeks— <i>Leucorrhœa</i> Examined— <i>Argent. Nit.</i> <i>Kali Bichrom.</i> , &c.	Irritation of bladder, dysuria, pain in back, debility Ulceration of cervix	13 months	Health improved, and dysuria became less before local treatment commenced, has progressed more rapidly since, and is still under treatment	Bry. /8x.—Tr. Sulph. /O— <i>Nux v.</i> /3x.
121	58 married, 9 children youngest 14	12 years	<i>Menses</i> ceased two years—occasional <i>Leucorrhœa</i> Examined— <i>Argent. Nit.</i> douche	Debility, heat in lower belly, dysuria, right hand and leg feel numb Enlargement and ulceration of cervix	7 months	General health improved; ulcer greatly benefited by <i>Argent. Nit.</i> , but not healed, local symptoms much relieved (subsequently had cancer mammae)	<i>Lach.</i> /6—Puls. /3— <i>Merc. c.</i> /2— <i>Merc. lod.</i> /1—Tr. Sulph. /O—Bell. /3x.

No.	Age.	Length of illness	Uterine discharge.	Chief symptoms.	Length of time under treatment.	Results.	Remedies which relieved.
122	51 married	7 months	Menses leaving her, at times flooding—copious <i>Leucorrhœa</i> Not examined Menses never regular, often absent Not examined Menses have stopped—have only occurred three times Not examined Menses irregular, pale, and scanty, often absent Not examined Menses absent 5 months—much yellow <i>Leucorrhœa</i> Not examined Menses regular, scanty and too short—occasional <i>Leucorrhœa</i> Examined— <i>Ascaris</i> Nrr.	Pain in hepatic region, varicose veins, flooding at times Dyspepsia, debility, constipation, pain in left side Eruption of head, swelled glands, amenorrhœa Pain in left side of abdomen, and swelling Severe pain in left hypochondrium, dyspepsia, debility Bearing down pain, pain in back, debility Inflammation and excoriation of cervical canal Headache, hysteria, debility, bearing down pain, &c. Cervix uteri shortened and enlarged	8 months 2 months 2 months 2½ months 14 days 3 months 3 years and 2 months	Greatly improved, at times felt almost well, but was often thrown back by return of copious menses Cured. Menses became regular; she was not, however, robust Cured. State of menses not reported Much relieved, and went to service; menses continued absent Relieved decidedly, and lost sight of. Menses not reported at last visit Much better, still under treatment. She however did not improve until <i>Ascaris</i> Nrr. was used Greatly benefitted in general health, often well for months together, but liable to relapses; at length, Dr. Ashwell saw her, pronounced the existence of chronic inflammation, and used caustics with reported benefit	<i>Bry.</i> /82— <i>Bell.</i> /82— <i>Bell.</i> /82. <i>Pala.</i> /8— <i>Merc.</i> /8— <i>Con.</i> /2— <i>Pala.</i> /8. <i>Lyc.</i> /12— <i>Lyc.</i> /80. <i>Pala.</i> /80— <i>Sulph.</i> /80— <i>Sep.</i> /80. <i>Bell.</i> /6— <i>Nux.</i> 7. /8. <i>Arn.</i> /80— <i>Pala.</i> /12— <i>Art.</i> /80— <i>Sulph.</i> /80— <i>Grap.</i> /80— <i>Car.</i> 7. /80— <i>Arcon.</i> /80.
123	18 Single	2 or 3 years					
124	14 Single	a few weeks					
125	24 Single	7 years					
126	23 married & children	5 months					
127	30 Single	4 or 5 months					
128	30—5 Single	some years					

129	30-5 Single	many years	Menses very copious and debilitating Not examined	Debility, pain in back, headache, &c.	2 yrs. and 9 months occasionally	Greatly benefitted, menses regular and normal, much stronger, but does not become quite strong. Menses returned, but did not continue regular; health improved greatly, attendance irregular	Nux v. /3--Sep. /30--Sulph. /12--Alum. /30--Bry. /30--Atom /30--Plat. /6 /30--Natrium m. /3. Pala. /3.
130	21 Single	10 weeks	Menses absent 10 weeks Not examined	Amenorrhoea, toothache, headache	2½ months	Cured	Pala. /3--Cala. cont. /3--Merc. c. /3. Nux v. /32.
131	7 Single	some time	Thick yellow Leucorrhoea Examined externally	Leucorrhoea	7 weeks	Cured	Pala. /3--Cala. cont. /3--Merc. c. /3. Nux v. /32.
132	32 married, children	2½ years	Menses regular--copious yellow Leucorrhoea Examined once, used Ascarri Nix. slightly	Leucorrhoea, hypogastric pain, debility Cervix enlarged, irregular, indurated and excoriated	5 months	Uterus cured; general health greatly improved, but over-fatigue and moral causes prevented complete recovery	Pala. /3--Pala. /30--Phos. /30--Tr. Sulph. /O.
133	18 Single	3 years	Menses irregular, dark, painful--copious Leucorrhoea Examined, once 'roumen' Menses absent--Leucorrhoea	Palpitation, weakness, nervousness	3 months	Benefitted, leucorrhoea ceased, but left town too soon to judge	Pala. /3--Pala. /3--Sulph. /6
134	17 Single	5 months	Not examined Menses occur slightly, but also is nursing--much Leucorrhoea Not examined	Uterus tender to the touch Amenorrhoea, debility, pain in back, swelled feet, headache, &c. Debility sinking in epigastrium, dyspnoea, constipation, headache	1 month	Cured	Pala. /3--Pala. /3--Sulph. /6
135	21 married, children pregnant 4 months	4 months	Not examined Menses occur slightly, but also is nursing--much Leucorrhoea Not examined	Debility, severe pain in back after all exertion	2½ months	Cured (a change to the country did good)	Card. v. /30--Iguat. /6.
136	33 Single	6 years	Menses regular and scanty--occasional Leucorrhoea Not examined	Debility, severe pain in back after all exertion	5 months	Very much relieved; is still under treatment, had she been more cautious she would have been well	Bry. /32--Pala. /32.
137	21 Single	3 years	Menses too late, scanty, and pale--copious Leucorrhoea Not examined	Languor, palpitation, pain in left side, short breath	2 months	Very much better, left treatment too soon; menses more healthy, leucorrhoea ceased	Sep. /3--Pala. /3--Bell. /3--Tr. Sulph. /O--Sulph. /30.

No.	Age	Length of illness	Uterine discharge.	Chief symptoms.	Length of time under treatment.	Results.	Remedies which relieved.
138	16 Single	3 months	Menses absent 3 months Not examined	Pain in left side, chlorosis, palpitation, headache	3 months	Menses returned, felt better at times, still had pain in side; left treatment too soon	Puls. /3—Kali c. /3—Lach. /6.
139	25 Single	3 years	Menses irregular, scanty, and pale Not examined	Irregular menstruation, headache, nausea, pain in thighs	1 month	Felt quite well for some months, then became dyspeptic, without menstrual irregularity, and was again much benefited	Sep. /6—Puls. /6—Bell. /8—Puls. /6.
140	24 married, 3 children, youngest 6 weeks	6 weeks	Menses absent, is nursing—copious Leucorrhœa Not examined	Pain in left iliac region, leucorrhœa, debility, dyspepsia, &c.	2½ months	Very much relieved; leucorrhœa greatly diminished	Sab. /6—Sulph. 6 Several remedies as Sulph. /30—Sep. /30—Bell. 30 Puls. /30 were previously given without any benefit
141	22 Single	6 months	Menses absent 6 months Not examined	Pain in left side of chest, dyspepsia, debility, &c	4 months	Menses returned, health greatly improved	Ars. /30—Sep. /30—Merr. /3—Puls. /3.
142	29 Single	several months	Menses every 14 days—Leucorrhœa Not examined	Debility, nervous depression, bearing down pain, piles	6 weeks	Cured. Leucorrhœa not reported	Ign. /3—Ign. /8.
143	19 Single	some years	Menses irregular, scanty, and pale—copious Leucorrhœa Not examined	Nausea, dyspepsia, pain in back, depression	3 months	But little benefit, left treatment too soon	Puls. /6—Bell. /30.
144	16 Single		Menses irregular, very scanty Not examined	Debility, short breath	2 weeks	No change whilst under observation, left too soon to judge. I heard afterwards that she was better	Tr. Sulph. /O
145	38 married, 6 children, youngest 4 months	3 months	Menses absent, is nursing—yellow Leucorrhœa Examined—Anagati Ntr.	Pain in left mamma, pain in loins, weight in hypogastrium Inflammation and ulceration of cervix	2½ months	Uterus cured, health improved, at once became pregnant, when ulcer was healed; the pain in mamma ceased when uterus became well	Puls. /3x

146	24 Single	several years	Menses very irregular, often absent, are so now—occasional <i>Leucorrhœa</i> Not examined	Dyspepsia, constipation, headache	3 months	Very much benefitted, menses returned and continued regular for some months; subject, however, to relapses Very much relieved—menses came of a natural colour; leucorrhœa continued and also pain in back; gave up treatment too soon Much benefitted in health— <i>Leucorrhœa</i> not reported Cured, leucorrhœa ceased	Nux v. /3— <i>Lyc.</i> /6 /6 /12 /30 /100 Sulph. /30— <i>Merc.</i> /12—Sulph. /30— <i>Graph.</i> /30.
147	24 Single	some time	Menses regular, scanty, pale—much <i>Leucorrhœa</i> Not examined	Debility, much headache, dyspepsia, pain in back	2 months		
148	19 Single	a long time	Menses regular— <i>Leucorrhœa</i> Not examined Menses regular, painful—much <i>Leucorrhœa</i> Not examined	Severe pain in <i>sacrum</i> , palpitation	4½ months		Bell. /3— <i>Sep.</i> /12— <i>Puls.</i> /6— <i>Plumb.</i> /6— <i>Puls.</i> /6— <i>Tr.</i> Sulph. /O.
149	22 Single	4 or 5 years	Menses regular, painful—much <i>Leucorrhœa</i> Not examined	Pain in <i>hepatic region</i> , dysmenorrhœa	2 months		Nux v. /6 /30—Sulph. /30— <i>Merc.</i> /6— <i>Sulph.</i> /30.
150	37 married,	12 months	Menses regular—copious yellow <i>Leucorrhœa</i> Not examined	<i>Leucorrhœa</i> , headache, dyspepsia, weakness in loins	5½ months	Very much relieved; leucorrhœa much reduced in quantity	<i>Lach.</i> /12— <i>Sep.</i> /12— <i>Sep.</i> /30— <i>Sulph.</i> /30— <i>Calc.</i> /30. ∞ ∞
151	42 married	many years	Menses regular, copious, with much pain—copious <i>Leucorrhœa</i> Not examined	Pain in <i>abdomen</i> , headache, much palpitation	10 months	Varied much, no essential change	<i>Calc.</i> /30— <i>Ara.</i> /12— <i>Graph.</i> /30— <i>Chin. s.</i> /1.
152	38 married	16 months	Menses regular—copious <i>Leucorrhœa</i> Not examined	Pain in right side of abdomen, severe headache at times	6 weeks	Not much change, left treatment too soon	<i>Sulph.</i> /30— <i>Sep.</i> /12.
153	30—5 married	a long time	Menses regular—slight <i>Leucorrhœa</i> Not examined	Great debility, hysteria; formerly had ulcerated cervix, under Dr. Simpson	6 months	Decidedly benefitted, and continued to improve under Homœopathic care; was formerly treated locally by Dr. Simpson	<i>Tr. Sulph.</i> /O— <i>Calc. s.</i> /3— <i>Alum.</i> /30— <i>Sulph.</i> /30— <i>Bry.</i> /30.
154	15 Single	3 months	Menses suppressed—copious <i>Leucorrhœa</i> Not examined	Backache, severe headache	10 days	Menses returned, and she felt so well as not to desire further treatment	<i>Puls.</i> /6.

No.	Age.	Length of illness.	Uterine discharge.	Chief symptoms.	Length of time under treatment.	Result.	Remedies which relieved.
155	18 Single	some time	Menses irregular Not examined	Irregular menses, headache, swelled legs During treatment she had small-pox, which was treated by Acon. /8. and Tart. em. /1.	3 months	Cured	Puls. 6.—Ferr. ac. /3.
156	28 Single	some years	Menses irregular, scanty, painful or not—occasional <i>Leucorrhœa</i> Not examined	Dysmenorrhœa, hysteria, severe pain in back, &c., debility	11 months	Many symptoms relieved at times, but she continued very weak, and at last went under allopathic treatment, and still continues (4 years later) without any material change. All kinds of local treatment have been tried, I believe	Calc. /8—Calc. /100—Sep. /100.
157	40 Single	some years	Menses are leaving her, often violent and clotted Examined 'touchers'	Edematous legs, throbbing and cutting hypogastric pain, vertigo, headache Hardness and irregularity of cervix—scuritus? Pain in back, <i>leucorrhœa</i> , pain in hypogastrium, pimples on face	6 months	No material improvement	Carb. v. /8—Puls. /8.
158	34 Single	4 years	Menses too early, scanty, and bright red—much <i>Leucorrhœa</i> Not examined		5 months	Very much benefited; menses became more healthy, and leucorrhœa less	Nux. v. /8x—Sep. /6— Nux. v. /8x—Sep. /12.
159	18 Single	12 months	Menses absent 12 months—slight <i>Leucorrhœa</i> Not examined	Headache, flushing, pain round waist	1 month	Cured, has had frequent returns of Amenorrhœa, always, however benefited by treatment	Nux. v. /6—Puls. /6—Bell. /6.

160	80 Single	several years	<i>Menses</i> every three weeks, scanty and pale, copious <i>Leucorrhœa</i> Examined, and treated by Angerri Nit. and Simp- son's pessary <i>Menses</i> irregular, too sel- dom, scanty and pale— much <i>Leucorrhœa</i> Not examined	<i>Hysteria</i> , pain in right side, pain in back, verti- cal headache Retroversion, inflamma- tion and ulceration of cervical canal Palpitation, debility, pain above left hip, throbbing of carotids, 'bruit de diabie,' frequent head- ache Flushing, and at times erysipelas of face, insuf- ficient menses, swelled legs <i>Menorrhagia</i> , occipital headache, <i>great debility</i>	3 yrs. and 2 months, oc- asionally	General health improved, is still far from well	Nux v. /8—Bell. /8—Bell. /80—Nux. v. /12—Sep. /6 —Ty. Sulph. /O—Silic. /6 —Kali c. /3—Nux. a. /8x.
161	28 married	2 years	<i>Menses</i> scanty and painful —slight <i>Leucorrhœa</i> Not examined	Very much benefited	5½ months		Puls. /30—Puls. /30—Puls. /12—Sep. 30—Sulph. /30 Sep. /30.
162	24 Single	some time	<i>Menses</i> abundant, hemor- rhagic clotted—copious <i>Leucorrhœa</i> Not examined	Much benefited	4½ months		Nux v. /6—Sulph. /12— Sulph. /12—Sep. /12— Puls. /6.
163	48 married	12 months	<i>Menses</i> ceased three years —yellow <i>Leucorrhœa</i> Not examined <i>Menses</i> copious and weak- ening—bloody <i>Leucor- rhœa</i> , copious Examined 'rougeur'	Cured of the flooding, and greatly improved in health; after menses left her, an ulcer broke out in one leg, and continues to discharge Greatly improved	4½ months		Arsen. /12—Chin. /6— Arsen. /12—Arn. /6— Arsen. /30.
164	51 Single	2 years	<i>Menses</i> regular—copious <i>Leucorrhœa</i> Not examined	Debility, flushing, dys- pnoea, swelling of vulva at times <i>Some bearing down pain</i>	1 month		Dry. /6—Sulph. /6.
165	31 married, no children	a year	<i>Menses</i> regular—copious <i>Leucorrhœa</i> Not examined	Tenderness of anterior wall of uterus (Metri- tis?) <i>Hæmorrhoids</i> , dyspnoea, <i>leucorrhœa</i> , pain in back, (contracted syphi- lis during treatment)	20 days		Nux v. /3x.—Dry. /3x.
166	22 Single	a long time	<i>Menses</i> regular—copious <i>Leucorrhœa</i> Not examined	Cured both of original dis- ease and syphilis	3½ months		Acon. /6—Sulph. /30— Puls. /30—(Merc. /6— Thapsia. /6—Merc. /6.)

No.	Age	Length of illness	Uterine discharge.	Chief symptoms.	Length of time under treatment.	Result.	Remedies which relieved.
167	38 married	3 years	Menses too frequent, copious and clotted—dirty white <i>Leucorrhœa</i> , copious Not examined Menses regular, painful—much thick <i>Leucorrhœa</i> Not examined	<i>Menorrhagia</i> , <i>leucorrhœa</i> , headache, dyspepsia	10½ months	No permanent benefit; was dismissed because she refused to be examined	Cham. /6—Sep. /12—Lach. /30—Secale /30—Puls. /30.
168	26 married	3 years	Menses regular and painful—copious yellow <i>Leucorrhœa</i> Examined and treated by ARGENTI NIT., KALI BICARB., AURUM. MUR., PLAT. CHL.	Gastrodynia, enuresis, headache, pain in left side	4 months not regularly	Much improvement, <i>leucorrhœa</i> lessened; not much change in enuresis	Bell. /30—Arsen. /30—Calc. /12.
169	41 married, 3 children, youngest 7	6 or 8 months	Menses regular and painful—copious yellow <i>Leucorrhœa</i> Examined and treated by ARGENTI NIT., KALI BICARB., AURUM. MUR., PLAT. CHL.	<i>Leucorrhœa</i> , debility, depression, violent headache, pain in back Ulceration of cervical canal and cervix	1 year and 7 months	No permanent improvement before or after local treatment, which was commenced after 1 year and 4 months	Sep. /5—Bell. /3—Calc. acet. /3—Sep. /5—Puls. /12—Ignat. /3—Sep. /5.
170	31 married, 4 children, youngest 2	2 years	Menses regular, scanty, very dark—copious <i>Leucorrhœa</i> Not examined Menses absent 3 months—copious yellow <i>Leucorrhœa</i> Examined, treated locally —ARGENTI NIT.	Headache, dyspepsia, <i>leucorrhœa</i> , some cough	6½ months	Cured	Puls. /30—Calc. /30—Puls. /6—Sulph. /30—Calc. /30 Sep. /12—Calc. /30
171	30 Single	1 year	Menses absent 3 months—copious yellow <i>Leucorrhœa</i> Examined, treated locally —ARGENTI NIT.	Debility, yellow <i>leucorrhœa</i> , bearing down Large unhealthy ulcer of cervix	3 weeks	Improving, still under treatment	Sep. /3x.
172	27 married, a widow, 2 children	8 years	Menses regular—copious purulent <i>Leucorrhœa</i> Examined, treated locally —ARGENTI NIT.	Cough, violent retching, debility, bearing down Large unhealthy ulcer of cervix	3 weeks	Improving, still under treatment	Bell. /3x—Arg. /3x.

173	87 married, a widow, 1 child	8 years	Menses too seldom, but very copious and debilitating Examined and treated locally at first, <i>ANESTH. NIT.</i>	Debility, menorrhagia, bearing down, swelled legs Cervix enlarged, finely granular, bleeding easily	8 months	Improving, still under treatment	<i>Plat. Chl. /3--Plat. /12--</i> (locally <i>ANESTH. NIT.</i> once and <i>PLAT. CHLOR.</i> once cured the cervix completely)
174	89 married, 1 child	9 months	Menses absent—copious <i>Leucorrhæa</i> Examined, treated locally, <i>ANESTH. NIT.</i> , <i>AURUM M.</i>	Dyspnoea, with redness and rawness of mouth, prolapsus uteri Cervix uteri projects externally, and is cleft in two, and the interior of lips are granulated	4 months	Cured. General treatment relieved the general health, but uterus remained unchanged till local treatment commenced; the prolapsus and ulceration were both completely cured	<i>Bell. /32--Bell. /1--Nux v. /32--Aurum Mur. 1/60, locally and internally Aur. Mur. /3.</i>
175	40 married, 3 children youngest 11	2 years	Menses regular Examined, treated locally, <i>ANESTH. NIT.</i> and <i>KALI BICHROM.</i>	Headache, pain and occasional hæmorrhage after coition Smooth induration of anterior lip, canal red and raw	3 months	Greatly improved, left treatment too soon; anterior lip smaller, and canal more healthy	<i>Puls. /3--Ign. 32.--K. Bich. /32.</i>
176	35 married, a widow, 3 children youngest 6	12 months	Menses regular, scanty—copious <i>Leucorrhæa</i> Examined and treated locally, <i>ANESTH. NIT.</i> & <i>KALI BICHROM.</i>	Bearing down pain, pain in groins Retroflexion of cervix, soft enlargement of cervix, os and canal patent and excoriated Menorrhagia, debility, backache	5 months	Cured; is still dyspeptic, and has inguinal hernia	<i>Nux. v. 12--Bell. /32--Aur. M. 3/4--Nux v. /3--Sulph. /3--K. Bich. /32.</i>
177	35 married, a widow, 3 children youngest 11	8 or 9 years	Menses much too copious—copious <i>Leucorrhæa</i> Not examined		3 months	Greatly benefited, still under treatment	<i>Bell. /32--Plat. Chl. /3.</i>
178	29 married, twice four and a half years ago	5 years	Menses regular—thick white <i>Leucorrhæa</i> , copious Examined, treated locally, <i>AURUM MUR.</i> and <i>STANNUM CHLOR.</i>	Prolapsus uteri Labia uteri greatly enlarged, and projecting from vagina	6 weeks	Decidedly benefited, uterus entirely within vagina; left treatment too soon	<i>Aur. M. /3--Stann. 32.--(Puls. /32.)</i>

No.	Age	Length of illness	Uterine discharge.	Chief symptoms.	Length of time under treatment.	Result.	Remedies which relieved.
179	20—5 married, 1 child 20 months old	20 months	<i>Menses</i> absent (is pregnant)— <i>Leucorrhœa</i> Examined 'toucher' once	Debility, <i>leucorrhœa</i> , shooting pains in vagina Reported by a London physician to have vaginitis and ulcerated cervix	5 months occasionally	Much benefited; was delivered of a healthy child one month after, but some of the uterine symptoms returned afterwards	<i>Nux v.</i> /3. <i>Car. v.</i> /5.
180	40 married, 6 or 9 children youngest 3 years and a half	6 or 8 months	<i>Menses</i> very copious—some <i>Leucorrhœa</i> Examined, treated locally, <i>Aesculi Nrr.</i>	Debility, Menorrhagia, bearing down Enlargement, and granulated excoriation of cervix	4 months	Decidedly better; after the second application of <i>Aesculi Nrr.</i> there came an induration of anterior lip exactly resembling that occurring in chronic inflammation	<i>Plat.</i> 6/— <i>Arg.</i> /8z.

TABLE No. 1.

GENERAL TABLE.

No. of Cases cured or greatly benefited	112
No. of Cases somewhat benefited	51
No. of Cases unchanged	17
	<hr/> 180
No. of Cases still under treatment	22
No. of Cases left treatment too early to judge	34

TABLE No. 2, SHEWING AGE AND RESULTS.

State.	Age.	Cured or greatly benefited.	Somewhat benefited.	Unchanged.	Still under	Total.	Left treatment too early to judge.						
							State.	Age.	Cured or greatly benefited.	Somewhat benefited.	Unchanged.	Total.	
Married.	15—20	..	..	..	..	..	Married.	15—20	..	..	..	..	..
Single ..	..	18	14	2	..	33	Single ..	..	3	4	..	7	7
Married.	20—25	7	2	..	..	9	Married.	20—25	2	..	..	2	11
Single ..	..	26	8	2	..	37	Single ..	..	7	1	1	9	6
Married.	25—30	5	5	1	..	11	Married.	25—30	1	4	..	5	3
Single ..	..	7	4	5	..	16	Single ..	..	1	..	..	1	2
Married.	30—35	14	5	1	..	20	Married.	30—35	2	1	..	3	3
Single ..	..	10	2	1	..	13	Single ..	..	..	..	..	..	4
Married.	35—40	15	4	2	..	21	Married.	35—40	1	1	2	4	4
Single ..	..	2	2	..	..	4	Single ..	..	..	..	..	..	3
Married.	40—50	5	4	3	..	12	Married.	40—50	1	1	..	2	3
"	50 and upwds.	2	1	..	..	3	"	50 and upwds.	..	..	1	1	1
Single ..	..	1	..	..	..	1	Single ..	..	..	..	..	..	..
Married and families		34	13	3	..	51	Married and families		7	3	1	11	11
						180							

TABLE No. 3, SHEWING LENGTH OF ILLNESS AND RESULTS.

Time.	Cured or greatly benefited.	Somewhat benefited.	Unchanged.	Still under treatment.	Total.	Left treatment too early to judge.				
						Time.	Cured or greatly benefited.	Somewhat benefited.	Unchanged.	Total.
Under 3 months	14	5	..	1	19	Under 3 months	1	1	..	2
.. 6 ..	9	4	..	3	13	.. 6 ..	1	1	..	2
.. 12 ..	16	9	2	3	27	.. 12 ..	3	1	1	5
.. 2 years ..	14	4	3	3	21	.. 2 years ..	3	3	2	7
.. 3 ..	9	3	1	2	16	.. 3 ..	3	1	..	4
.. 6 ..	10	3	1	1	13	.. 6 ..	4	..	..	4
Many years	18	17	8	3	43	Many years ..	..	2	1	3
A long time ..	20	3	2	1	26	A long time ..	4	1	..	5
Unknown	3	1	..	..	3	Unknown	1	1	..	2
					180					

TABLE No. 4, SHEWING LENGTH OF TIME UNDER TREATMENT.

Cases under treatment steadily.						Cases seen occasionally.					Cases left too early to judge.			
Time.	Cured or greatly benefited.	Somewhat benefited.	Unchanged.	Still under treatment.	Total.	Cured or greatly benefited.	Somewhat benefited.	Unchanged.	Total.	Correct total.	Cured or greatly benefited.	Somewhat benefited.	Unchanged.	Total.
1 month and under	12	7	1	..	20	..	..	..	..	20	5	3	1	9
2	16	10	1	..	27	..	..	..	..	27	7	3	2	12
3	19	8	2	..	29	..	..	..	..	29	2	4	..	6
4	12	4	2	..	18	..	..	..	..	18	3	..	..	3
5	14	1	..	..	15	..	..	..	..	15	..	..	..	..
6	8	5	5	..	18	2	..	..	2	20	2	1	..	3
9	9	2	1	..	12	1	1	..	2	14	..	..	1	1
12	5	4	3	..	12	..	..	..	..	12	..	..	..	..
1½ years	3	2	1	..	6	..	..	..	..	6	..	..	..	..
1½	2	..	..	..	2	..	1	..	1	3	..	..	..	..
2 or more yrs.	5	3	..	..	8	3	2	..	5	13	..	..	..	..
Unknown . . . .	..	..	..	..	..	1	1	1	3	3	..	..	..	..

TABLE No. 5, SHEWING STATE OF UTERINE FUNCTIONS.

State of Uterine functions.	Cured or greatly benefited.	Somewhat benefited.	Unchanged.	Total.	Left treatment too early to judge.				Still under treatment.			
					Cured or greatly benefited.	Somewhat benefited.	Unchanged.	Total.	Greatly benefited.	Some benefit.	Unchanged.	Total.
Menses absent . .	24	12	..	36	4	3	..	7	3	2	..	5
.. regular . .	34	13	5	52	5	1	2	8	2	..	..	7
.. irregular . .	10	4	4	18	..	2	..	2	..	5	..	..
.. scanty . .	22	8	5	35	6	1	..	7	3	1	..	4
.. copious . .	23	13	6	43	2	2	1	5	5	3	..	8
.. { too long duration	4	3	..	7	..	1	..	1	..	..	..	..
.. painful . .	13	7	5	25	3	1	..	4	2	3	..	5
.. pale ..	12	6	1	19	4	1	1	6	..	..	..	..
.. dark ..	4	3	1	8	..	1	..	1	..	..	..	..
.. too early . .	10	11	1	22	3	2	..	5	4	..	..	4
.. too late . .	5	2	2	9	4	..	..	4	..	2	..	2
Leuc. some ..	26	6	5	37	5	3	..	8	2	2	..	4
.. copious . .	50	14	9	73	9	4	3	16	4	6	..	10
.. occasional . .	14	8	2	24	1	2	..	3	3	1	..	4
Sang. discharge ..	..	..	1	1	..	..	1	1	..	..	..	..

TABLE No. 6, SHEWING NO. OF CASES UNEXAMINED, EXAMINED, AND EXAMINED AND TREATED LOCALLY, WITH RESULTS.

Whether examined or otherwise.	Cured or greatly benefited.	Somewhat benefited.	Unchanged.	Total.	Left treatment too early to judge.			
					Cured or greatly benefited.	Somewhat benefited.	Unchanged.	Total.
Not examined	70	32	8	110	14	6	3	23
Examined	7	9	7	23	..	4	1	5
Examined and treated locally	35	10	2	47	5	1	..	6

TABLE No. 7, ANALYSIS OF CASES EXAMINED, SHEWING UTERINE SYMPTOM, MODE OF TREATMENT AND RESULTS.

Objective Uterine symptoms.	Cured or greatly benefited.			Somewhat benefited.			Unchanged.			Cured.			Still under treatment.		
	Cured or greatly benefited.			Somewhat benefited.			Unchanged.			Cured.			Still under treatment.		
	Locally.	Not locally.	Mechanically.	Locally.	Not locally.	Mechanically.	Locally.	Not locally.	Mechanically.	Locally and Mechanically.	Total.	Locally.	Not locally.	Mechanically.	Total.
First stage of cervico-metritis ..	3	4	..	..	..	..	..	..	..	..	4	2	..	..	..
Second ..	4	1	..	..	..	..	..	..	..	..	5	1	..	..	..
Third ..	4	1	..	..	..	..	..	..	..	..	5	1	..	..	..
Fourth ..	3	1	..	..	..	..	..	..	..	..	4	1	..	..	..
Uterus sensitive to touch .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
.. engorged .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
.. posterior wall ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
.. anterior wall ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Symptoms of cervico-metritis detected by the finger, where there was no opportunity of using the speculum .....	..	5	3	..	6	1	..	5	..	..	20	..	1	..	..
Anteversion of uterus .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Retroversion ..	1	..	1	..	..	2	..	..	1	..	2	..	..	..	..
Prolapse ..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Syphilitic ulceration .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Induration of posterior wall, Schirrus, &c. ....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cancer of uterus	died.	..	..	..	..	..	..	..	..	..	1	..	..	..	..

TABLE No. 7.—Continued.

Left treatment too early to judge.						STILL UNDER TREATMENT.						
Objective Uterine symptoms.	Cured or greatly benefitted.	Somewhat benefitted.		Unchanged.	Total.	Greatly benefitted.			Somewhat benefitted.			Total.
	Locally.	Locally.	Not locally.	Not locally.		Locally.	Not locally.	Mechanically.	Locally.	Not locally.	Mechanically.	
First stage of cervico-metritis ..	..	..	..	..	..	1	..	..	1	..	..	2
Second .. .. .	..	..	1	..	1	..	..	..	1	..	..	1
Third	1	1	..	..	2	2	..	..	4	..	..	6
Fourth	1	..	..	..	1	1	..	..	..	..	..	1
Uterus sensitive to touch .....	..	..	3	1	4	..	1	..	..	..	..	1
.. engorged .....	..	..	1	..	1	..	..	..	..	1	..	1
.. .. anterior wall ..	..	..	1	..	1	..	..	..	..	..	..	..
Symptoms of cervico-metritis) detected by the finger, where there was no opportunity of using the speculum .....	..	..	3	1	4	..	..	..	..	1	..	1
Prolapse of uterus .....	..	..	1	..	1	..	..	..	..	..	..	..

TABLE No. 8. MEDICINES AND POTENCIES THAT DID GOOD.

Aconite	8	6	..	Calcarea acet.....	3	..	..
Alumina	8	12	30	.. carbon.	3	6	12
.. 3 altern. with Bryonia ..	3	..	..	.. ..	18	30	100
.. 30 ..	30	..	..	.. 12 alt. with Zinc	6	..	..
Ammonium carbonicum	3x	3	5	Cantharis	8	..	..
Argentum	3x	..	..	Carbo vegetabilis	3	5	6
Arsenicum	2	3	6	.. ..	12	30	..
.. ..	12	30	..	.. 12 alt. with Cham.	6	..	..
.. 12 altern. with China..	6	..	..	.. 12 alt. with Lach.	12	..	..
.. 12 .. Puls. ..	12	..	..	.. 30 .. Arsen.	30	..	..
.. 30 ..	30	..	..	Chamomilla	3x	3	6
.. 30 .. Sulph ..	30	..	..	.. ..	12	..	..
.. 30 .. Carb. veg.	30	..	..	.. 6 alt. with Carb. veg.	12	..	..
Aurum	30	..	..	China off.	0	1	3
.. 30 altern. with Sepia	30	..	..	.. ..	6	30	..
Aurum muriaticum	3	..	..	.. 6 altern. with Arsen. ..	12	..	..
Baryta carbon.	6	..	..	Chininum sulph.	1	..	..
Belladonna	1	3x	2	Cina.....	3x	..	..
.. ..	3	6	12	Cocculus	3	6	..
.. ..	18	30	..	Conium	1	3	..
.. 6 altern. with Sepia ..	12	..	..	Digitalis	3	6	..
.. 6 .. Graph..	6	..	..	Ferrum	6	12	..
.. 6 .. Plat. ..	6	..	..	.. acet.	2	..	..
.. 6 .. Puls. ..	6	..	..	.. sulph.	1x	..	..
.. 18 ..	6	..	..	Graphites	3	5	6
Berberis vulg.	3	..	..	.. ..	12	30	..
Bryonia alba	1/20	1	3x	.. 6 altern. with Bell....	6	..	..
.. ..	3	6	12	.. 6 .. Sepia ..	12	..	..
.. ..	30	..	..	Hypericum.....	3x	..	..
.. 3 altern. with Alum.	3	..	..	Ignatia	3x	3	6
.. 30 ..	30	..	..	Iodium	2	..	..

TABLE No. 8.—Continued.

Kali Bichrom.....	8x	2	6	Pulsatilla 6	"	Sulph. ..	12	.	.
" carbon.	8x	3	6	" 6	"	" ..	6	.	.
" "	12	.	.	" 6	"	Sepia....	12	.	.
" Iodidum	1	.	.	" 6	"	Bell.	18	.	.
Kali Iodid. 1 alt. with Merc. acet.	1	.	.	" 6	"	Sepia....	6	.	.
Kreosotum	8x	2	12	" 6	"	Bell.	6	.	.
" 12 altern. with Pula. ..	12	.	.	" 12	"	Arsen. ..	12	.	.
Lachesis	6	12	30	" 12	"	Kreos. ..	12	.	.
" 12 altern. with Carb. veg.	12	.	.	" 30	"	Arsen. ..	30	.	.
" 12 " Sepia....	12	.	.	Rhus Tox			8x	6	.
Lycopodium	5	12	30	Sabina			3x	6	.
Magnesia carb.	6	.	.	Secale Corn.....			3	6	30
Manganum acet.	1	.	.	Sepia			3x	3	5
Mercurius acet.	1	3x	.	"			6	12	30
" 1 alt. with Kali Iod.	1	.	.	"			100	.	.
" iodid.	1	8x	.	" 6 altern. with Pula.			6	.	.
" sol.	3	5	6	" 12	"	"	6	.	.
" "	12	.	.	" 12	"	Bell.	6	.	.
" Subl. Corr.	2	.	.	" 12	"	Graph.	6	.	.
Natrum muriat.	3	6	12	" 12	"	Sulph.....	12	.	.
Nitri acidum	2	.	.	" 12	"	Lach.	12	.	.
Nux moschata	3x	6	.	" 30	"	Aurum	30	.	.
" vomica	3x	3	6	Silicea			6	.	.
" "	12	30	.	Stannum			3x	.	.
Phosphorus.....	3	30	.	Sulphur			3	6	12
Platina	3	6	12	"			30	.	.
" 6 altern. with Pula.	6	.	.	" 6 altern. with Pula.			6	.	.
" 6 " Bell.....	6	.	.	" 6	"	Pula.	3	.	.
Platinum Chlor.....	3	.	.	" 12	"	Sepia	12	.	.
Plumbum	6	12	.	" 30	"	Arsen. ..	30	.	.
" acet.	1	.	.	Sulphuris tinct.			0	.	.
Pulsatilla	1	8x	3	Thuya Occ.			3	.	.
"	6	12	30	Vinca			¹ / ₂₀	1	.
" 3 altern. with Sulph ..	6	.	.	Zincum			6	.	.
" 6 " Plat.	6	.	.	" 6 altern. with Calcar			12	.	.

TABLE No. 9, SHEWING REMEDIES MOST FREQUENTLY USEFUL FOR CHIEF SYMPTOMS.

Symptoms.	Total Number reported	Remedy and potency most frequently useful.	Number reported	Number relieved by various potencies.	Ditto in alternation with other remedies.	Total.
1. Debility	95	{ 1 Pulsatilla.... 3	12	39	5	44
		{ 2 Sepia 30	11	27	8	30
2. Head-ache	51	{ 1 Pulsatilla ... 3	10	30	5	35
		{ 6	10			
		{ 2 Sepia . ....	..	13	2	15
		{ 3 Nux vomica .	..	12	..	12
3. Pain in back	50	{ 1 Sepia 12	8	26	3	29
		{ 30	8			
		{ 3 Sulphur 30	8	18	3	21
		{ 2 Pulsatilla....	..	19	5	24
		{ 4 Belladonna ..	..	16	1	17
		{ 5 Nux vomica .	..	15	..	15
4. Neuralgia	31	{ 1 Pulsatilla. 6.12.30	5	15	1	16
		{ 2 Tr. Sulphur.. 0	5	11	1	12
		{ 3 Nux vomica .	..	12	..	12
5. Leucorrhœa.....	29	{ 2 Sulphur 30	9	14	..	14
		{ 1 Sepia .....	..	15	2	17
		{ 3 Pulsatilla....	..	8	..	8
6. Dyspepsia	27	{ 1 Pulsatilla, 6.12.30	7	18	..	18
		{ 2 Belladonna ..	..	10	..	10
		{ 3 Nux vomica .	..	10	..	10
7. Bearing down pain....	24	{ 1 Nux vomica, 3x	3	9	..	9
		{ 2 Pulsatilla.... 12	3	8	..	8
		{ 3 Sepia 30	3	6	..	6
		{ 4 Bryonia 3x	3	4	..	4
		{ 5 Ignatia 3	3	3	..	3

TABLE No. 9.—Continued.

Symptoms.	Total Number reported.	Remedy and Potency most frequently useful.	Number reported.	Number relieved by various potencies	Ditto in alternation with other remedies.	Total.
8. Pain in left side.	18	Pulsatilla.... 3	7	10	..	10
9. Pains in abdomen	16	{ 1 Tr. Sulphur.. 0	4	7	..	7
		{ 2 Pulsatilla....	..	7	..	7
10. Menorrhagia	15	{ 1 Platin. Chlor: 8	3	3 } 11	..	11
		{ Platina.....	..		..
		{ 2 Belladonna .. 3x	3		4	9
		{ 3 Sulphur 30	3	..	..	3
11. Dysmenorrhœa	14	{ 1 Pulsatilla.... 6	4	5	3	8
		{ 2 Sepia 12	4	7	1	8
12. Pain in hypogastrium..	14	{ 1 Nux vomica, 3	4	8	..	8
		{ 2 Lachesis 6	4	4	..	4
13. Cardiac symptoms	12	{ 1 Pulsatilla.... 3	5	13	2	15
		{ 3 Sepia 30	5	7	..	7
		{ 2 Sulphur ....	..	8	..	8
14. Amenorrhœa	11	{ 1 Pulsatilla.... 3	3	6	3	9
		{ 2 Sulphur ....	..	5	..	5
15. Constipation	10	{ Nux vomica. 8	3	6	..	6
		{ Pulsatilla.... 8	3	6	..	6
16. Anœmia and Chlorosis .	9	{ 1 Pulsatilla.... 3	2	7	2	9
		{ 6	2			
		{ 30	2			
		{ 2 Belladonna .. 6	2	3	4	7
		{ 3 Sepia 30	2	2	3	5
		{ 4 Platina..... 6	2	1	2	3
17. Shortness of breath....	7	{ 3 Sepia 5	3	4	..	4
		{ 1 Pulsatilla....	..	6	..	6
		{ 2 Sulphur ....	..	6	..	6
		{ 4 Belladonna ..	..	3	..	3
		{ 5 Nux vomica .	..	3	..	3
18. Swelled legs	6	{ Pulsatilla.... 3	2	5	2	7
		{ 6	2			

1	Pulsatilla	occurs among the most useful in 16 symptoms, as chief in 12			
2	Sepia	"	9	"	2
3	Nux vomica	"	8	"	3
4	Sulphur	"	8	"	1

TABLE No. 10, SHEWING RELATIVE RESULTS OF HIGH AND LOW POTENCIES.

N.B.—The low potencies include 6 and under— The high potencies, 12 and above.	Low potencies exclusively.	High potencies exclusively.	Total.	Left treatment too early.		
				Low potencies exclusively.	High potencies exclusively.	Total.
Cured or greatly benefited	62	16	78	5	5	10
Somewhat benefitted	23	7	30	5	1	6
Unchanged	7	3	10	1	1	2

RESULTS OF TREATMENT WITH BOTH HIGH AND LOW POTENCIES.

Cases in which both high and low potencies were given with decidedly more benefit from the low than the high.....	19
Cases in which no marked difference was observable between the effects of high and low potencies.....	46

TABLE No. 11, SHOWING FREQUENCY OF OCCURRENCE OF VARIOUS SYMPTOMS AS A CHIEF SOURCE OF COMPLAINT.

Symptoms.	Cured or greatly benefited.	Somewhat benefited.	Unchanged.	Still under treatment.	Left treatment too early to judge.	Total.	Symptoms.	Cured or greatly benefited.	Somewhat benefited.	Unchanged.	Still under treatment.	Left treatment too early to judge.	Total.
1 Debility.....	44	29	12	17	17	95	30 Eruptions on the skin.....	1	1	1	1	1	5
2 Head-ache.....	28	16	7	6	7	61	31 Nervousness.....	1	1	1	1	1	5
3 Pain in back.....	28	18	4	10	10	50	32 Epileptic fits.....	1	1	1	1	1	5
4 Neuralgia.....	16	9	6	2	4	31	33 Irregular menses.....	1	1	1	1	1	5
5 Leucorrhoea.....	19	9	1	2	4	29	34 Cough.....	1	1	1	1	1	5
6 Dyspepsia.....	22	5	2	2	7	27	35 Numbness of right arm and leg.....	1	1	1	1	1	5
7 Bearing down pain.....	14	8	2	5	5	24	36 Pain in the thighs.....	1	1	1	1	1	5
8 Pain in left side.....	13	3	2	2	7	18	37 Pelvic abscess.....	1	1	1	1	1	5
9 Pains in abdomen.....	9	6	1	2	2	16	38 Throbbing of carotids.....	1	1	1	1	1	5
10 Menorrhagia.....	10	4	1	3	3	15	39 Hemorrhoids.....	1	1	1	1	1	5
11 Dysmenorrhoea.....	6	3	5	1	1	14	40 Palpitation.....	1	1	1	1	1	5
12 Pain in hypogastrium.....	9	3	2	1	1	14	41 Pain in right ovary.....	1	1	1	1	1	5
13 Cardiac symptoms.....	7	3	2	1	2	12	42 Vertigo.....	1	1	1	1	1	5
14 Amenorrhoea.....	6	4	1	2	2	11	43 Congestion of head.....	1	1	1	1	1	5
15 Constipation.....	5	3	2	2	1	10	44 Irregular action of heart.....	1	1	1	1	1	5
16 Anaemia and Chlorosis.....	2	5	2	2	2	9	45 Spinal irritation.....	1	1	1	1	1	5
17 Shortness of breath.....	3	3	1	2	2	7	46 Hepatic pain.....	1	1	1	1	1	5
18 Swelled legs.....	5	2	1	1	2	6	47 Hysterical convulsions.....	1	1	1	1	1	5
19 Pains in various parts.....	1	2	2	1	1	5	48 Sanguineous discharge.....	1	1	1	1	1	5
20 Pain in left ovary.....	2	3	1	1	1	5	49 Hemorrhage from rectum.....	1	1	1	1	1	5
21 Nausea.....	2	3	1	1	1	5	50 Discharge of pus per anum.....	1	1	1	1	1	5
22 Pain in right side.....	3	1	1	1	1	5	51 Great distension of abdomen.....	1	1	1	1	1	5
23 Vomiting.....	3	2	1	3	2	4	52 Pain in genitals.....	1	1	1	1	1	5
24 Flushed face.....	4	2	2	2	2	4	53 Aphae in mouth.....	1	1	1	1	1	5
25 Fainting fits.....	2	2	2	2	2	4	54 Varicose veins.....	1	1	1	1	1	5
26 Sinking in stomach.....	3	1	2	1	1	4	55 Swelled glands.....	1	1	1	1	1	5
27 Pain in iliac region.....	2	1	1	1	1	3	56 Pain in left mamma.....	1	1	1	1	1	5
28 Irritable bladder.....	2	1	1	1	1	3	57 Pain & haemorrhage after coitus.....	1	1	1	1	1	5
29 Pain in hypochondria.....	2	1	1	1	1	3	58 Shooting pains in vagina.....	1	1	1	1	1	5

**TABLE No. 12, SHEWING LOCAL REMEDIES
WITH RESULTS.**

Local remedies employed.	Cured or greatly benefited.	Somewhat benefited.	Unchanged.	Did harm.	Total.
Nitrate of Silver.....	22	7	..	..	29
Bichromate of Potash ..	1	3	..	..	4
Potassa Fusa	1	1	..	..	2
Pernitrate of Mercury ..	2	1	..	..	3
Simpson's pessary	6	1	..	2	9
Scofield's pessary	1	..	..	..	1
Douche	8	1	4	..	13
Uterine sound	2	..	..	..	2
Aurum muriaticum, 1/50	2	..	..	..	2
Stannum muriaticum....	1	..	..	..	1

**TABLE No. 13, SHEWING SOCIAL CONDITION OF THOSE
EXAMINED, EXAMINED AND TREATED LOCALLY, AND
ALSO LOCALLY AND MECHANICALLY.**

Whether examined or otherwise.	Married	Single.	Total.
Examined	13	10	23
Examined and treated locally ..	28	8	36
Examined and treated locally and mechanically	1	5	6
Examined and treated mecha- nically	4	1	5
			47

TABLE No. 14, SHEWING THE AGES OF THOSE EXAMINED, TREATED LOCALLY, &c.

[illegible]

TABLE No. 2, Continued. STILL UNDER TREATMENT.

State.	Ages.	Greatly benefited.	Somewhat benefited.	Unchanged.	Total.
Single	15—20	1	2	..	3
..	20—25	1	4	..	5
Married ..	25—30	..	1	..	1
Single .....	..—..	1	1	..	2
Married ..	30—35	1	1	..	2
Single .....	..—..	2	2	..	4
Married ..	35—40	4	..	..	4
..	40—50	..	1	..	1
Married and families ..		5	2	..	7

TABLE No. 3, Continued. STILL UNDER TREATMENT.

Length of illness.	Greatly benefited.	Somewhat benefited.	Unchanged.	Total.
Under 3 months	..	1	..	1
.. 6 ..	1	2	..	3
.. 12 ..	1	2	..	3
.. 2 years..	3	..	..	3
.. 8	2	..	..	2
.. 6	1	..	..	1
Many years....	2	5	1	8
A long time....	..	1	..	1

TABLE No. 4, Continued. STILL UNDER TREATMENT.

Length of treatment.	Greatly benefited.	Somewhat benefited.	Unchanged.	Total.
Under 1 month	..	3	..	3
.. 2 ..	..	1	..	1
.. 3 ..	3	1	..	4
.. 4 ..	1	..	..	1
.. 5 ..	2	..	..	2
.. 6 ..	..	1	..	1
.. 9 ..	2	1	..	3
.. 12 ..	1	..	..	1
.. 1½ years	1	..	..	1
.. 1½ ..	..	1	..	1
2 or more years	3	1	..	4

TABLE No. 6, Continued. STILL UNDER TREATMENT.

Whether examined or otherwise.	Greatly benefited.	Somewhat benefit.	Unchanged.	Total.
Not examined.....	5	1	..	6
Examined	1	1	..	2
Examined and treated locally	6	3	..	9

TABLE No. 18, BRING ANALYSIS OF CASES OF LEUCORRHOEA, SECTION 4.

Menstrual functions.	Cured or greatly benefited.									Somewhat benefited.						Unchanged.						Total.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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Menses absent . . .	3	8	1	1

TABLE No. 19, BEING ANALYSIS OF CASES OF LEUCORRŒA, SECTION 5.

Length of time under treatment.	Still under treatment.												Left treatment too early to judge.					
	Cured or greatly benefited.			Somewhat benefited.			Unchanged.			Cured or greatly benefited.			Somewhat benefited.			Unchanged.		
	Some leucorrhœa.	Cop. leucorrhœa.	Genl. leucorrhœa.	Some leucorrhœa.	Cop. leucorrhœa.	Genl. leucorrhœa.	Some leucorrhœa.	Cop. leucorrhœa.	Genl. leucorrhœa.	Some leucorrhœa.	Cop. leucorrhœa.	Genl. leucorrhœa.	Some leucorrhœa.	Cop. leucorrhœa.	Genl. leucorrhœa.	Some leucorrhœa.	Cop. leucorrhœa.	Genl. leucorrhœa.
1 month or less.....	2	2	4	1	1	2	1	1	2	2	3	1	1	1	1	1	1	3
2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	2	2	11
3	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	8
4	3	3	6	1	1	2	1	1	2	1	1	1	1	1	1	1	1	2
5	4	4	8	1	1	2	1	1	2	1	1	1	1	1	1	1	1	3
6	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	..
9	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	..
12	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	..
1½ years	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	..
1½	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	..
2 or more years	4	4	8	1	1	2	1	1	2	1	1	1	1	1	1	1	1	..
Unknown	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	..
Total	25	25	50	12	12	24	12	12	24	25	25	50	25	25	50	25	25	50

TABLE No. 20. Condition at the commencement of local treatment of those which were first treated by general remedies.

Somewhat benefited.....	11
Unchanged	25

[While we cannot too highly applaud the diligence and zeal displayed by Dr. Madden, in making and recording so many careful examinations of such a multitude of uterine cases, we cannot give a silent assent to the conclusion he arrives at. As the glory of modern surgery is the curing, not the performing of operations, so the excellence of homœopathy ought to be the curing of as many diseases as possible without the use of auxiliary aids, such as local applications, especially caustics, and it is far too soon for any one, however great his experience, to issue a finality bill, and say that such and such diseases can only be cured by surgical operations, unless he can show some better reasons from pathology than his mere inability to find an appropriate remedy, nor, indeed, is this done or intended to be done by Dr. Madden. We must first use all the remedies we have, then look for more; but not till all possible medicinal substances are exhausted, can we confidently assert here are the limits of internal homœopathic treatment. To assert that Nitrate of silver, &c., act specifically as well as chemically, seems to us almost as extravagant as if we were to attribute the benefit of an amputation to the particles of the ferrum absorbed by the cut surface, or to the galvanic or odylic influence in addition to the riddance of the offending member.—EDWARDS.]

ON PNEUMONIA.

BEFORE entering on the immediate subject of this paper, we think it may be well to make some general observations on the relation of Homœopathy to Pathology, for there seems yet much vagueness in the homœopathic mind upon this point.

Our readers are doubtless all familiar with Dr. Geddes Scott's prize essay.* We think it well deserved a prize, for it is singularly clear, learned, and condensed; but we do not think that he exhausts the subject. The essence of the distinction he lays down between homœopathy and all other systems of medicines is, "that it is not a theory of disease at all, but a theory of cure, and that it may be applied to practice whatever theory of disease may happen to be adopted" (p. 7 of original essay). Again: "the law *similia similibus curantur*, which is the theoretic law, points immediately to those properties in a medicine which render it suitable to any given disease. No intervening theory of medicinal action is requisite," &c. (page 15). As we are anxious to avoid both controversy and prolixity, we shall at once state our views upon the matter on hand, and leave our readers to consider how far they coincide with or differ from those of our esteemed and learned colleague.

Homœopathy may be defined the law of relation between morbid action and the external specific forces of nature. The relation is one of similarity and antagonism; its perfect application implies two knowledges, *first*, the knowledge of all the morbid actions which are liable to arise spontaneously in the animal economy; *second*, the knowledge of the effects of all specific forces in producing morbid action. The latter kind of knowledge embraces all that refers to the proving of medicines, and is not now relevant.

Without going into any wire-drawn metaphysical disquisitions about what we mean by knowing morbid action, we may state generally that we look upon this knowledge as of the same kind as that by which we recognise a person. The more intimate we are with anyone, the more slight need be his indica-

* Vol. vi., p. 145, of this Journal.

tion—his footstep, his knock, the most distant glimpse of his figure are enough to identify him beyond all doubt in our mind. If we are asked to state scientifically how we so recognised him, we might say, we perceived with a rapidity almost intuitive all the *differentia* between him and every other individual. Could we abstract these *differentia* in imagination, they would become “his mark”—we may say his symptom—not him. The qualities of mind required for this simple process are of two kinds, the observational faculty and the imaginative, using the latter term in a large sense. Isaac Taylor remarks in his work on “Home Education,” that nothing shows the difference between man and the lower animals so well as the effect of a picture upon a dog and a child. It is the highest compliment to a painter when a dog recognises the likeness of his master: the dog requires a full representation of the object; but take a piece of chalk and draw anything like an upright, forked animal, with a hat on the head, and immediately a child exclaims “papa!” The child’s imagination “bodies forth the forms of things unseen.” So it is with a physician. Disease is the total *differentia* from health superimposed upon an individual; the physician of the highest order knows the relation of all the members of the morbid group; if he observe the presence of one he is sure of all the rest, as Cuvier was of all the bones of a skeleton, from a single articulation. To accomplish this great feat of art, he requires as thorough a knowledge of all morbid processes as Cuvier had of anatomy; and more than this, he requires the high faculty of imagination, or the power of successful hypothesis. “The bodying forth” (to return to the phrase of him who knew the process better than any man that ever lived) is a work of the higher reflective and imaginative rather than the lower observing faculties; the faculties which relate us to the Creator as contrasted with those which relate us to the creature. The God-like as opposed to the sensuous. Herein lies the explanation of a fact which we have often observed but never heard accounted for—that all great physicians have been distinguished more by their reflective than their observing faculties. Let our readers recall the cerebral development of those who have taken the highest place in medicine, and observe whether the upper or

reflective region does not immensely preponderate over the lower or observing. Take Hippocrates, Galen, Hahnemann, Abercrombie, as examples.*

We cannot prescribe for the simplest case without a pathological hypothesis. A patient complains of pain in the face: must we not run over in our minds all the probable sources of such a pain? it may be toothache, neuralgia, rheumatism, &c. We narrow the ground of guess by questions conceived by the aid of hypothesis, and if we are fully answered, we gradually exclude all but the particular form of disease which we wish to arrive at. This is the analytic part of the work, and even here imagination is necessary; and having stripped the symptoms of all deceptive associations, we proceed to build up an entire body of disease, which is the morbid picture Hahnemann speaks so much about. In the spacious minds of the great physicians, all these morbid pictures have their prototypes—they are already there; hence they, and they alone, at once recognise, in the true sense, any disease with which they are familiar. As we consider this subject of great importance we would strongly recommend to our readers a recent delightful and instructive article in the *North British Review*, on Locke and Sydenham.†

* It is not necessary to assume the truth of phrenology to gain consent to the proposition, that a well-developed upper part of the forehead is never absent in those gifted with high reflective powers. The testimony of all ages, from Plato to Coleridge, "the wrapt one of the *God-like forehead*," as his friend, C. Lamb, calls him, is uniform upon this point, nor is it necessary to prove the genuineness of the likenesses of Hippocrates; it is more important for us to know what kind of head the Greek artists attributed to the father of medicine than to know what he actually had.

† The following anecdote is told in it of Dr. Abercrombie: "The Doctor sauntered into the room in his odd, indifferent way, which many must recollect, scrutinized all the curiosities on the mantelpiece, and then, as if by chance, found himself by the patient's bedside; but when there his eye settled on him intensely—his whole mind was busily at work. He asked him a few plain questions, spoke with great kindness, but very briefly; and coming back to consult, he said, to the astonishment of the surgeon and young student (who had been treating the patient for malignant disease of the stomach), 'His mischief is all in the brain; the stomach is affected merely through it. The case will do no good; he will get blind, convulsed, and die.' He then in his considerate, simple way, went over what might be done to palliate suffering and prolong life. He was right; the man died as he said,

Besides intellectual imagination the physician must also have what we may call moral imagination. He must be able not only to picture the disease in its full individuality, but he must realise to some extent the effects of such disease upon his patient. To enter fully into this would lead us to consider the moral attributes required for a physician, and this would be quite beyond the scope of these introductory remarks. Suffice it to say, that the place of a practical art in the intellectual scale is fixed by the amount of thought required for its developement, and its place in the moral by the amount of feeling required for its exercise; and that the art of healing occupies the highest place in both, the power of "healing all manner of diseases" being the natural attendant of that inward purity which dwelt as light in the Physician of souls. So much for the absolute necessity of a pathology to every medical practitioner.

In passing from these general observations of the necessity of pathology to a homœopathist to the consideration of the subject immediately before us, we may observe, that the speed and certainty of a cure of any acute disease, is in the inverse ratio of the extent of the lesion, and the direct ratio of the amount of expression of the changes. In neuralgia, for example, we have the minimum of derangement of structure, and the maximum of sensation; because the parts are in the most concentrated form, and are the seat of sensibility, and of no disease is the cure so quick, perfect, and permanent as of some cases of idiopathic "tic douloureux." All homœopathic practitioners must have met with such cases; we remember two especially which occurred

the brain was found softened, and the stomach sound. The young student who was intimate with Dr. Abercrombie, ventured to ask him what it was in the look of the man that made him know at once. 'I can't tell you, I can hardly tell myself; but I rest with confidence upon the exactness and honesty of my past observations. I remember the result, and act upon it; but I can't put you, without infinite trouble myself, in possession of all the steps.' 'But would it not be a great saving if you could tell others?' said the young doctor. 'It would be no such thing; it would be the worst thing that could happen to you; you must follow in the same road and you will get as far and much farther. You must miss often before you hit; you can't tell a man how to hit; you may tell him what to aim at.' 'Was it something in the eye?' said his inveterate querest. 'Perhaps it was,' he said good naturedly; 'but don't you go and blister any man's occiput whose eyes are, as you think, like his.'—(*Article on Locke and Sydenham in North British Review.*)

in our own practice, they were both of long standing, the one patient had suffered almost constantly for years, and both were cured by a few doses of medicine, and never had any return of the complaint. The reason for our success in such cases is obvious: in all the "algias," as the name implies, *the pain is the disease*. As in Zeuxis' famous painting, the curtain was the picture. Morbid anatomy gives no additional information, the whole disease is expressed, in its most exaggerated form, by the sufferings. All we have to do is to find out a similar picture of pain in some of the observed effects of a drug, and as certainly as a wave of sound, when rolling along its aerial course, is brought to rest and silence by meeting with one exactly equal and similar proceeding in the opposite direction,* so certainly will the entire flame of pain, though it may have been burning for years, be extinguished for ever by the application of the specific remedy.

The farther we recede from this point, that is the larger the lesion and the smaller its expression, the more difficult and tedious, though not necessarily the less certain (for reasons which will appear in the sequel) will be the treatment of the disease. And, as we may put toothache at one end of the scale, we may put pneumonia at the other, for here we have, in some instances, a most extensive lesion of the most important organ taking place without any sensible expression whatever. For example, Grisolle says—

"I shall never forget the history of an old woman in the Salpêtrière, who, in the month of May, 1831, presented herself for consultation; she was ordered a laxative, to restore her appetite, which she had lost for a day or two. This woman, who bore no trace of any serious disorder, nor otherwise complained of any pain; had no heat of skin; her pulse was slightly frequent and irregular, which might be explained by an old heart affection; this woman still took her food, in the course of the day made several turns up and down the court, and towards the close of the day *she sat down and suddenly died. (elle s'assit et mourut subitement).*" †

* See a very well written paper in a recent number of the *Household Words*, entitled "Chemical Contradictions," in which homœopathy is spoken of. Who would have dreamt ten years ago of finding homœopathy among the Household Words of England?

† *Traité pratique de la pneumonie aux differens ages et dans ses rapports*

It is not easy to exaggerate the importance of pneumonia to the practical physician. Next to typhus fever it is, according to Dr. Farr,* the most deadly disease in Britain. One out of every twenty-five deaths is owing to this disease; so far from an attack giving immunity for the future, as is the case more or less with typhus fever, it is its own most prominent predisposing cause. Out of 175 patients ill of pneumonia, questioned by Grisolles, 54 had previously been affected with the disease. Chomel† attended a patient in his tenth attack; and Rush mentions a German, in Philadelphia, who had had twenty-eight attacks of the disease.‡ Not only is it a frequent and fatal disease, but it is one which can be recognised by a skilful physician with infallible certainty, and of which we know as much as it is possible to know of any disease, and it is one in which the difference of success in the application of medicine seems commensurate with the skill exhibited in the choice of the remedy, and the timeliness of its administration. Thus the difference of the mortality, under the most approved allopathic and homœopathic treatment, is enormous; and it is quite within the sphere of legitimate expectation, that in proper hands and under favourable circumstances, all cases of simple pneumonia will be cured with almost absolute certainty.

We do not propose to enter into a consideration of the ætiology or symptomatology of the disease, for to do them justice, would require a volume, not a section of a paper; but observing, *en passant*, that long continued exposure to intense cold seems the great exciting cause of the disease, we shall proceed at once to the structural changes of the part which is the seat of the disease, as, from these, in this instance we can deduce both the symptoms and the remedy.

To have a precise idea of what inflammation of the lungs is,

avec les autres maladies aiguës et chroniques, par A. Grisolles, D. M. P., p. 435. As this is the first time we have had occasion to refer to Grisolles, we may mention that he is recognised as *the authority* in pneumonia; and, as we shall have frequent occasion to quote from his work in the sequel, it is well to know that Louis, and all the highest authorities in France, Germany and Britain, regard Mons. Grisolles as perfectly trustworthy.

* Report of Annual Mortality. † Diction. de Med., vol. xvii., p. 214.

‡ Cyclopæd. of Pract. Med., vol. iii., p. 406.

we must first thoroughly understand the anatomical and physiological relations of the lungs ; and, secondly, be acquainted with certain general facts regarding inflammation, and, at the risk of seeming both tedious and pedantic, we shall make a general survey of both these subjects.

The lobes of the lungs, viewed anatomically, have been compared to cauliflower, consisting, as they do, of a main stem, branching out into numerous small offshoots, which end in blunt extremities, like minute sausages. These stems are hollow air tubes of elastic tissue, with cartilaginous rings to support it, the rings becoming plates towards the termination of the little branches, to enable them to contract and dilate with the entrance and exit of air ; all round these little blunt branches cluster innumerable blood-vessels, which unite with one another at every point, so as to make an inextricable mesh of net work.* Physiologically, the lungs connect the blood within to the air without. Here the blood is made. Blood consists of a fluid in which blood-globules swim. This fluid contains a definite quantity of fibrine, and the proportion of fibrine to globules is a matter of much importance in a pathological point of view, and to it we shall have frequent occasion to revert. Blood-globules consist of a central kernel or mass, having many of the properties of fibrine, and round this there is a capsule which enlarges and contracts, and undergoes a process of development and death apparently.

According to the most recent observations, the most probable explanation of the way blood is made is this. In the chyle are small globules ; these chyle or lymph globules on entering the lungs by the pulmonary vein, become endowed with a highly organised covering, which probably has the power of secreting colouring matter and the other secreted constituents of a true blood-globule. This blood-globule once made, enjoys a sort of independent vitality, and reacts to different agents like a living being.* Simon says, Henle coincides in this view : " It cannot be doubted," says Schulz, " that the blood-corpuscles are pro-

* See Reisseisen's admirable work entitled "*De Fabrica Pulmonum*," published at Berlin in 1832.

† See Simon's *Chemistry*, vol. 1st, 128—also Schulz "*über die Gehemmte Auflösung*" in *Hufeland's Journal*, April, 1838.

duced by the formation of a coloured capsule round the lymph globules." These blood-globules then are formed in the lungs, and a condition of their formation is, the integrity of the structure of the lungs and of the respiratory process. Once formed, they are carried in all the freshness of their youth to the left side of the heart, which propels them by its *vis incita* through the system, where as "floating centres of nutrition," to use the words of Dr. Martin Barry,* they subserve their great purpose in the animal economy, continually dying and being reproduced; so that our life is maintained at the expence of the lives of these myriads of monads which float in our arteries and veins.

As the due formation, the birth, so to speak, of these globules implies the perfect integrity of the respiratory organs, so the proper relation of the capillary vessels of the body generally is required for the manifestation of those changes on which nutrition depends. Inflammation implies an enormous change in the relation of the capillary vessels to the contained blood. Inflammation consists of three stages; in the first the capillary vessels are contracted, and according to hydraulic laws, the motion of the blood hastened—this is the latent stage, the existence of which was long denied, and still is by some physiologists, but which seems established beyond the possibility of doubt by the researches of W. Phillip, Kaltenbrunner, Wedemayer, Koch, and a host of others; in the second there is a dilatation of the capillary vessels, the blood-globules are no longer transmitted; they adhere to the sides of the vessels, break up, their living tunic is destroyed, the red colouring matter diffused through the serum, and the central kernel escapes; it is a question at present whether this central kernel is metamorphosed into a true pus globule or not. The death and dissolution of the blood-globules implies the cessation of all the reciprocal actions which in health take place between the vessels and its contents, and with this arrest there stop also all those electric and other phenomena (the odylic?) which Matteucci has shown to attend all vital processes. It may be, as suggested by Mr. Roberts,† that the inflammation is a de-electrifying process, and that a certain

* On the nucleus of the animal and vegetable cell, in Ed. New Phil. Journal, for 1847.

† Magazine and Journal of Science, 3rd series, July, 1841.

amount of electric action is necessary to neutralize the capillary attraction, and permit the free passage of the blood in health through the minute tubes.

The blood also undergoes important changes. In all pure inflammations there is a considerable increase of the fibrine and a proportional diminution of the blood-globules.* At this stage the vessels are turgid, throbbing, the walls distended almost to bursting, the effect of this is an increase either of the *general* or *special* sensibility of the part; pain does not necessarily attend inflammation, but very often, we repeat, increased special sensibility, for each part has its own sensibility. This distension of the blood-vessels and increase of sensibility disturbs the sympathetic relations of an inflamed part, and the heart which, though the most independent, is yet the most responsive organ of the body, participates in the local disturbance to a degree depending chiefly upon the amount of pain, and the extent of the lesion; besides, being thus forced to become a link in the chain of morbid phenomena by sympathy, if the inflamed part be, as is the case with the lungs, a very vascular tissue, it may thus cause an undue opposition to the passage of the blood requiring increased mechanical force to overcome it. The third stage of inflammation consists in the restoration of the capillaries to their normal state, and as Talleyrand said that the worst revolution was a restoration, so in the capillary kingdom, the restoration of their original constitution is seldom effected without the formation of new products of every variety of kind. The most important for us at present is organizable lymph, which consists of a strong solution of fibrine apparently, and the tendency of this is to assume definite shapes, depending upon the form of the part where it is laid down. This is one of the most important *terminations* of inflammation.†

In applying these general facts to the peripneumonia of Hippocrates,‡ the pneumonia of the moderns, we find that

* Andral Essai d' Hématologie Pathologique, 1843. A work we shall have occasion frequently to refer to—it is the standard one upon the subject.

† Fletcher's Elements of Pathology, Art. Inflammation.

‡ Laennec observes in a foot note, that it is a common mistake to suppose the peripneumonia implied inflammation of the integuments as well as of the lungs. This it does not do in Hippocrates.—Traité de l'Auscultation Mediate, Paris, 1826, p. 393.

Stokes* is one of the few writers who insists upon the probability of a stage in pneumonia prior to the first stage of Laennec. Whether this stage of the contraction of the capillaries be recognisable or not, may be a question; of its existence there can be none, unless we were to suppose a violation of all analogies in regard to inflammation of the lungs. In this stage of the pneumonic process there is a contraction of the capillaries of a portion of the substance of the lung, that is of the minute air-vessels in which all the larger tubes terminate. As it is impossible to recognise with precision the moment of the accession of this change, so its exact duration cannot be determined. It may be coincident with the shivering which so frequently precedes an attack of pneumonia; but even if it were, this is too uncertain and irregular to be a good *point de depart*.

The first stage of Laennec, and all practical physicians (except Stokes) is that of capillary dilatation and consequent engorgement. The lung in this stage presents just such appearances as might be expected, from the retention of a surplusage of blood in a very vascular spongy substance. It becomes firmer, of a livid or violet colour, and when cut into a coloured serous fluid as well as blood flows freely from the incisions. We learn nothing particular from the microscopic examination of this stage. The effects of the engorgement of the capillary vessels of the organ on whose integrity all the functions depend, must be numerous and important. The immediate physiological effect will be a sense of oppression, such as felt in the first stage of suffocation. The stimulus to inspiration is the presence of carbonic acid in the lungs, in undue amount; there is an instinctive sense of its inadequacy to support life, and an instinctive effort to get rid of the uneasiness its presence produces by breathing a-fresh, the less complete the success of each effort, the more frequently will it be repeated, even to panting. In the case of pneumonia this dyspnoea and accelerated respiration has a double origin, the first and far the most important is, the increased specific sensibility of the lung. The lung is specifically sensible to the presence of carbonic acid, but the inflamed lung is preternaturally sensitive. This position

* Treatise on Diagnosis and Treatment of Diseases of the Chest, part 1, p. 310.

which we have no where seen stated, seems to us proved by the following considerations. First, the amount of abnormal excess of carbonic acid is very trifling; according to Davy,* the difference of the quantity of air in the lungs before and after an expiration is as 118 to 108 inches, that is, about 10 to 18 inches are changed each time, or not much above a 10th. This is the amount of change in the whole lungs. Let us consider how insignificant the effect upon the general respiratory process, the occlusion of a lobule must have. Again: all causes which increase the pulmonary sensibility, augment the dyspnoea;† as for example, an exanthematous disease. Besides, the lung may be occluded more completely, and to a much larger extent, as in phthisis, and even in what is called latent pneumonia, with little acceleration of the breathing, and without a trace of difficulty. Dyspnoea then, which Grisolle speaks of as a constant symptom, and which for reasons obvious on a moment's reflection, is more important to us as homœopathists than the physical signs of the disease, depends, like all other vital phenomena, upon the combination of two causes—the one a preternatural sensibility of the affected part to the natural stimulus on which its action depends; and the other an excessive amount of that natural stimulus. We have the phenomenon analyzed in nervous asthma, and suffocation by carbonic acid gas. In the former the irritability is excessive, the stimulus natural; in the other the irritability is natural, the stimulus excessive—we are speaking at present only of the dyspnoea that attends the first stage, that which attends the third, or fatal stage, has different relations altogether. The explanation of most of the other phenomena are deducible from the accelerated respiration. The pulse is almost always full and rapid, more constantly so, according to Grisolle, than in almost any other acute disease. Without entering more fully into the physiological considerations of the point, it is enough to observe, that the heart is so related both by the respiratory system of nerves, and mechanically to the lungs, that it is almost inconceivable that it should not participate in any disturbance affecting them. The blood being the

* Simon's Chemistry, p. 126.

† Grisolle.

river of life which permeates the whole frame, it is manifest that whatever troubles it, must produce general derangement. Now the blood is very much affected in pneumonia. In healthy blood the proportion of-fibrine is from two to three *per mille*.* According to Andral,† in pneumonia it rises as high as ten *per mille*, higher indeed than in any disease, acute rheumatism excepted. With the increase of fibrine, there is a diminution of red globules, the normal average of these is, according to Lecanu, 127. About 114 seems the average in pneumonia.‡

It is obvious that so important a change in the blood and in the heart's action must affect both the cerebro-spinal axis and the organs of digestion. Hence we find delirium frequent and intense, in proportion to the severity of the local disease; also foul tongue, constipation, high-coloured urine, and the other attendants of insufficient innervation of the alimentary canal and renal apparatus.

Before leaving this part of the subject, we shall briefly advert to the question of whether these important changes in the blood are primary or secondary. Dietl § argues that the changes in the blood are primary, and that on these changes the dyspnoea, delirium, &c. depend. The question has been set at rest by an experiment of Professor Henderson, who bled a patient at an early stage of pneumonia, and found that there was no increase of the quantity of fibrine.|| Besides, Andral lays it down as a maxim in hæmatology, that the exanthematous diseases never increase the proportion of fibrine or diminish that of the blood-globules. Nay, that they seem to exert an opposing influence to this effect, when produced by an intercurrent acute inflammation; so that if a pneumonia be not very extensive, it will have no effect in deranging the proportion of fibrine blood-globules if it occurs in a person suffering under measles. Now, Grisolles mentions a case where there was slight pneumonia, but excessive dyspnoea and other symptoms occurring in the course of an attack of

* Simon's Chemistry, p. 245. † *Op. cit.* p. 86.

‡ Andral and Gavarret, Simon's Chemistry.

§ Der Aderlass in der Lungen entzündung. Wien, 1849.

|| See Essay on Pathology in 7th vol. of this Journal.

measles, which proves that these symptoms could not be owing to the change in the blood as none would take place.

We have one more observation to make on the cause of the dyspnœa in pneumonia, it is extremely similar to that which precedes an attack of hæmorrhage from the lungs. Now, in all hæmorrhages there is a diminution of the fibrine, not an excess; in fact, the state of the blood is diametrically opposite to that in pneumonia. The pathology of such hæmorrhages is simple enough; there is a congestion of the lungs relieved by an effusion of blood. They often happen in patients whose nervous system is deranged, which may account for the excessive dyspnœa which precedes an attack of hæmorrhage—dyspnœa, greater than the limited portion of the occluded lung, accounts for on mechanical principles. The connection of hæmorrhages with neuropathia is a subject of great interest to the physician, and one hitherto but little worked out.

In this stage when the blood is accumulated in the vessels of the lungs, and the blood-globules broken down and dissolved, there is an exudation of bloody serum through the walls of the vessels into the air-cells, whence result the rust-coloured sputa, so characteristic of the disease. It is probable that this takes place without any rupture of the coats of the vessels, for Reisseissen* found that, when injecting a fine fluid into the pulmonary artery or vein however gently he did it, yet some escaped into the air-cells. It may be some endosmotic process, or there may be slight rupture. It is impossible to decide, and it is no matter. The other symptoms of the pneumonia, the cough and pain, are no way peculiar, and are accounted for on the pathological principles which determine these phenomena generally. The cough is seldom troublesome, sometimes altogether absent; the pain quite uncertain in its seat, character, and degree. A fatal case of pneumonia of the *right lung* we once attended began by excessive pain in the region of the heart and dyspnœa. The cause of the pain in this case probably was owing to the anastomosis of the respiratory and sensitive systems of nerves. But a full explanation of this would occupy too much space. It is well,

* *Op. cit.*

however, to remember that *latent* pneumonia is often attended with severe pain in parts distant from the seat of the disease.

The second stage of pneumonia consists of the secretion and deposition of certain matters from the blood-vessels into the air-cells and minute bronchial tubes. Meckel defines inflammation *to be a congestion, with a tendency to a new production*. The second stage may in some respects be considered as the termination of the diseased action, for if, as in hæmorrhage from the lungs the matter secreted were capable of immediate expulsion, then the congested vessels would at once return to their pristine integrity, and the functions of respiration go on unimpaired. But this is not the case; the matter secreted and effused must be looked upon as an altogether new formation which lies imbedded in the lungs, and undergoes certain transformations according to fixed laws of its being; and it becomes of the greatest interest to ascertain what this substance consists of, and what changes it tends to undergo. We may look upon this subject as exhausted, it has been so thoroughly examined; one of the best papers upon it is by Professor Henderson in the *Monthly Journal of Medical Science*, published in Edinburgh in 1841. There is also a very full and concise paper by Dr. Aitken, of Glasgow, in the *Edinburgh Medical and Surgical Journal*, No. 178.

“Viewed under the microscope,” says Professor Hasse,* “an exudation of genuine pneumonia reveals a distinctly granulated condition, and, generally speaking, an elementary composition varying as this second stage is more or less advanced. Numerous examinations have induced me to believe that in this kind of pneumonia the effused substances are originally fluid, then coagulate to a tolerable degree of solidity; and finally, again liquify. In the primary form these substances, as above stated, display a number of blood disks imbedded in a nearly amorphous, slightly granulated or striated mass. On being treated with water this mass still exhibits no cells (beyond a few shed oiliary cylinders), but numerous elementary granules either

* Anatomical description of the diseases of the organs of circulation and respiration, by C. E. Hasse, M.D., &c. &c.; translated and edited by W. E. Swaine, M.D., p. 210-11.

scattered singly or collected in groups. Acetic acid dissolves the greater portion of the mass, leaving unchanged only the elementary granules, and more or fewer spherical nuclei of various magnitudes. When some time elapses before the coagulation of the effused substances takes place, these nuclei become previously sheathed in spherical cells—*exudation cells*. After coagulation, the mass becomes amorpho-granular by mechanical division, a display of certain forms only, for the most part exudation cells—is sometimes produced; by treatment with Acetic acid this mass is again almost entirely dissolved, those elementary granules and spheroid nuclei alone remaining. With the ultimate liquifaction of the coagulate effusion the *true* development of cells appears to take place; and it now depends upon relations not clearly definable whether more exudation cells or more pus globules are developed. These two last forms constitute by far the greatest portion of the mass, and become readily discernible on the application of Acetic acid. In this variety of pneumonia, granule cells appear to form in very small numbers, and often not at all.” Professor Hasse adds in a note—“These microscopic relations would hardly justify the adoption of the epithet—‘Croupal,’ as applied by Rokitansky to genuine pneumonia, inasmuch as the false membrane in real croup displays a different elementary composition.”

The most important considerations in a practical point of view in reference to this stage, are that the first and second stages are almost always going on together in the lung, though of course not in the same part of the lung, that we can hope to arrest the progress of the first but have no control over the second, and that the kind of deposition depends upon the state of the general health; thus, in cachetic persons, the deposition is more granular, that is, more allied to pus, while in the vigorous it is more fibrinous, and sometimes, whatever Professor Hasse may say to the contrary, has all the properties of the false membrane of croup. Cases are recorded of pneumonia terminating in the coughing up of tubes having the form of the minute ramifications of the bronchia; so that it depends upon whether the patient is in a dyscrastic or euchrastic state, the pe-

culiar organization or disorganization of the secreted deposit in his lungs as the termination of their inflamed condition.

We may observe, that with the setting in of this stage there is an immediate relief to all the sensible symptoms of the patient. In some cases this relief is almost instantaneous. The apparent relief afforded by blood-letting is owing to its frequently being made at the time when this second stage was just setting in. This fact is established beyond a doubt by Dietl.* However, we do not mean to deny that blood-letting does give temporary relief in this affection if performed at the time of the greatest engorgement of the lungs, and before much deposition has taken place. It acts by relieving the heart's action, lessening the amount of load propelled by that overburdened organ, also by reducing the quantity of blood in the gorged capillaries; but this it can only do by withdrawing blood from the general circulation, and thus augmenting the risk of inducing a feebleness of the system like that of dyscrasia, and so making it more liable to deposit rather the granular, inorganizable matter than the healthy and organizable in the tissue of the lungs, with, of course, the most disastrous ultimate issue to the patient. However, if we had not specific medicines to administer, notwithstanding all that Dietl says, we should bleed in the first stage of pneumonia in all healthy persons as a general rule.

Let us, before passing to the third stage, recapitulate the characteristics of the second, technically called the stage of red hepatization. It consists of a deposit of an organizable, partially reticulated mass, and of granules in the air-cells, and ultimate air-tubes of the lungs. The organizable portion consists of a semifluid substance containing a quantity of half-dissolved, or suspended fibrine. The granules are peculiar bodies, from which *pus* is formed.

The third stage of the disease, or that of grey hepatization, consists in the transformation of this effused jelly mass more or less entirely into pus by the agency of these pus-granules. The origin of pus-granules is not known. Some physiologists† suppose them to be transformed blood-globule kernels; but this is

* *Op. cit.*

† Gendrin, Donné, &c.

extremely improbable. Professor Gluge,* in his short and admirable treatise on the blood, rejects this notion. He thus describes the appearance of a pus-granule when magnified 300 or 400 hundred times. "They consist of a whitish grey mass, somewhat elastic and of no great consistency; throughout the whole of this mass 4 or 5 dark points penetrate; these black points can be separated from the white pretty easily. The edges of the pus-granule are irregular, and slightly puckered (*gefranzt*); they preserve their original form for 14 days. By what process these bodies are formed is not known." Corruption and death are as great mysteries as organization and life. As Jaques says—"From hour to hour we ripe and ripe, and then from hour to hour we rot and rot."

In a lung, which is the seat of red hepatization, the two processes are going on simultaneously, the formation of granules of pus, and the formation of organizable material. On the relative amount of the two actions depends the course and issue of the case. If all the effused material or the greater part were to be organized, we should have membranous tubes, as in croup, filling up the air-vessels and vesicles; and these might be permanent, and give rise to solidity of the lung which sometimes though very rarely remains after pneumonia. There is a preparation in the Hunterian Museum of Glasgow of the lungs of a dog quite solidified by a cartilaginous deposit, which is only a different form of this organizable substance. If, on the other hand, the whole effused substance become purulent, then the lung is disorganized, for pus acts like a foreign body, and induces the destruction of the parts it touches, negatively if not positively. Between these two extremes we have every variety, depending upon the extent of the lesion, the constitution of the patient, and various other modifying conditions too minute and numerous to specify.

We read constantly of the danger of tubercles supervening on pneumonia. Now, this termination is certainly not suggested by a study of the morbid anatomy of the diseases, and we find

* Anatomisch-microscopische Untersuchungen zur allgemeinen und speziellen Pathologie, von G. Gluge. Minden und Leipzig, 1839. † p. 17.

the highest authorities are against it. Louis,* the fountain of all our accurate knowledge regarding phthisis, very specifically rejects the notion after a most careful examination of eighty phthisical patients; and Grisolle,† who is an equally high authority on pneumonia, sums up the question with the following statements:—"I conclude, from what precedes, 1st. that phthisis does not immediately follow pneumonia except in very rare cases (less than one-thirtieth of the whole number); 2ndly. that even under these circumstances it is by no means proved that the tubercular affection is a consequence of pneumonia—all presumptive evidence goes on the contrary to support the notion, that the tubercles existed before the pneumonia, and have, perhaps, acted as its cause. 3rdly. that, in cases of exceeding rarity (since for my own part I have never observed such), where miliary tubercles appeared to form in hepatized lung, the pneumonia has then acted as the exciting, and by no means as the proximate cause. And I consider the diffusion of tubercles through the influence of pneumonia in persons simply predisposed to the disease, as an occurrence of great rarity. Thus, among 805 patients, whose cases I have analysed for this work, 22 presented those peculiarities of constitution which are commonly regarded as forming a predisposition to phthisis; besides, more than one-half of them had had one or more of their nearest relations cut off by phthisis, and yet all these individuals, without exception, recovered from the attack of pulmonary inflammation, and left the hospital perfectly restored to health. Nor did the pneumonia in these cases differ either in respect of its cause, its symptoms or its progress, from the ordinary pneumonia occurring in subjects not predisposed to the tuberculous affection."† The mutual corroboration of two such men as Louis and Grisolle, we look upon as finally settling the question, and we have no doubt it will relieve the anxiety of practitioners in treating this class of affection.

Practically the most important thing to consider now, is whether there are any means of recognising and arresting, or modifying the transformation of the red into the grey hepatization, or the transition of the second into the third stage. After

* Louis—*Researches on Phthisis*. 1846. p. 495, et seq.

† *Op. cit.*

a most careful examination of the subject, Grisolle* says—"I conclude, from all that has gone before, that the two first stages of pneumonia may be certainly diagnosed (*seront diagnostiqués sûrement*), and distinguished the one from the other, by the aid of auscultation, but that there exists at present no stethoscopic symptom, nor any character of the expectoration, by which we can affirm that the pneumonia has passed into the grey hepatisation." That it is impossible to recognise the third stage we do not affirm, but when so experienced a physician as Grisolle tells us he cannot do it, we should certainly receive with considerable doubt the contrary assertion, however confidently made, of all ordinary practitioners, be they allopathic, hydropathic, kinesipathic, homœopathic, odylopathic, or any other pathic that is, or is to be. A disease we cannot know we cannot treat. And, therefore, we look upon the third stage of pneumonia, or that in which the deposited material is undergoing its process of corruption, as beyond the reach of direct remedial appliances, just as much as morbid action occurring in a foetus. Foetuses die of pneumonia; but how are we to find it out? and if we did, how are we to affect it? All we can do is to improve the mother's health. The individual is to the pneumonic mass, undergoing development, in the relation of a parent to a child—he gave it birth, and gives it nourishment, but it lives upon him for itself.

Pneumonia terminates in recovery, more or less perfect, or death. The former is brought about by the absorption, in whole or part, of the deposited material into the mass of the circulation, where it is gradually eliminated by various processes, leaving the lung either perfectly sound or partially destroyed in structure, the cell walls being broken down and the affected part lastingly weakened, and, in consequence, always more liable to a fresh attack; or not ruptured but solidified, by the formation of a thickened membrane upon the air-cells and tubes.

Death by pneumonia is caused by suffocation. This does not imply a mechanical hindrance to the entrance of air into the lungs, it implies the arrest of the reciprocal action of the air

* *Op. cit.* p. 499.

upon the blood in the lungs. This impairment of the pulmonary function may arise from a structural change such as that caused by the pneumonic process, or by a change in the blood itself, or by a change in the innervation of the part. All these causes are combined in pneumonia: part of the lung is blocked up, in it the blood is not purified, because neither air nor blood pass through it. The rest of the lung is acting in most unfavourable circumstances. The blood is tainted, full of old globules not properly vivified, pus-globules, and the detritus of a corrupt lung. The lung, like every other organ and more than most, requires a full allowance of nervous influence (as is shewn by the phenomena of asthma, which depends upon a partial paralysis of the pulmonary nerves), but the nervous centres cannot be up to the mark if not properly nourished, and impure blood does not nourish them. Last of all the heart, that "*primum saliens et ultimum moriens*," becomes involved in the fatal concatenation, it continues to propel the blood till the last, but such blood as the lungs furnish is of no use, and acts as a poison on the brain, so that in this, as in all other kinds of suffocation, a man dies poisoned by his own blood, to use the words of Bichat. As it is of great consequence to the practical physician to have a clear idea of the phenomena of asphyxia, we may sum them up in the words of the late Professor J. Reid, who investigated the subject in the most full and satisfactory way, and cleared up many embarrassing discrepancies, and rectified much prevailing error:—

"We believe, then, that in asphyxia the order of succession in which the vital processes are arrested is as follows:—the venous blood is first transmitted freely through the lungs, and reaches the left side of the heart, by which it is driven through all the textures of the body; as the blood becomes more venous, its circulation through the vessels of the brain deranges the sensitive functions, and rapidly suspends them, so that the individual becomes unconscious of all external impressions. The functions of the medulla oblongata are in feeble about the same period that the sensitive functions are arrested (delirium is always a bad sign in pneumonia), but are not fairly suspended for some time longer. Immediately after the sensitive functions are suspended, and the blood has become

still more venous, it is transmitted with difficulty through the capillaries of the lungs, and, consequently, begins to collect in the right side of the heart. A smaller quantity of blood must now necessarily reach the left side of the heart, and this diminution of the quantity of blood sent along the arteries, conjoined with its venous character, and the ultimate arrestment of the circulation, being circumstances incompatible with the manifestation of vitality in the other tissues of the body, general death is sooner or later induced." *

The indications for THE TREATMENT OF PNEUMONIA are extremely simple : we must find a medicine which has the power of arresting the first stage, that is of restoring the capillaries engorged with blood, and preparing to deposit the substances we have described as peculiar to this disease, to their natural state, and, at the same time, we should allay the sympathetic irritation of the system, on which the general fever depends. If we can arrest the progress of the engorgement, we quench the circumference of the conflagration, and we may leave the morbid matter which has been deposited to be disposed of according to the laws of morbid action. If we can find any medicines which act directly on the tissue of the lung, and produce this inflammatory action, then we may be satisfied that they will operate curatively in pneumonia. In considering the relative value of the different medicines we are about to cite, we must place much more reliance upon clinical experience in ascertaining their worth in this disease than in most others, for pneumonia offers so few unequivocal rational signs that we cannot certainly predicate of the effects of a medicine, as exhibited in its proving, that they are those of pneumonia. However, we need regret this the less as we have ample and undoubted clinical experience to assist us, and we may say that our knowledge of the treatment is now as perfect as our diagnosis of the disease. In the observations we are about to make, we have been much indebted to a series of articles that appeared in the first three numbers of the "*Homöopathische Vierteljahrschrift*," by its pains-taking editor, Dr. C. Müller, and we have no hesitation in using the materials he has presented, without ourselves verifying their accuracy by comparing them with the original sources whence he obtained them.

* *Edinburgh Medical and Surgical Journal*, vol. 55, p. 450, for the year 1841.

The only medicines which we propose to consider are Aconite, Bryonia, Phosphorus, and Tartar emetic. For on a careful perusal of the proving of the other medicines cited in Dr. Müller's paper, and the alleged cures of pneumonia by their administration, we come to the conclusion that the evidence for their being of such decided use as to warrant their employment in pure pneumonia was quite insufficient. Even Belladonna we do not admit although we have high testimony in its favour. This testimony, however, is qualified by the observation of its great utility in pneumonia occurring with scarlet fever, which entirely alters the case, and as in this paper we have refrained from noticing any other form of disease than pure pneumonia, we do not deem it expedient to enter into an investigation of the virtues of Belladonna in this complication. There would be abundance of material for another paper upon the complications of pneumonia and their treatment, and we trust some experienced physician may take up this subject. Our chief reason for rejecting the evidence in favour of the utility of Belladonna, Pulsatilla, Zinc, &c., is the extremely bald narration of the cases in which they were said to be of use, and really we blush to record that out of a very large series of cases collected by Dr. Müller from the various Journals, there is hardly one in which the diagnostic signs of pneumonia are given in a way to satisfy a modern physician. To this general remark there are some honourable exceptions. Without further preface we shall consider the claims of ACONITE as a remedy in the first stage of pneumonia.

The proving of Aconite in the "*Oesterreichische Zeitschrift für Homöopathie*" by Dr. Gerstel, of Vienna, is so perfect that it leaves us nothing more to wish.

Experiments on animals prove that Aconite induces engorgement of capillary vessels generally. It was found by Dr. Prevost,* that if Aconite much diluted by water was brought in contact with the web of a frog's foot, contraction and afterwards dilatation, &c., of the capillary vessels ensued. These experiments are corroborated by others, and by many analagous facts.

* *Memoires de la Soc. de Phys. et d' Hist. Nat. de Genève*, t. vi., p. 1.

so that to begin with, we may say that Aconite tends generally to produce, *ergo*, to cure, capillary engorgement. Orfila* found in a dog poisoned with Aconite, that the lungs were thickened, condensed (*dicht*), of a brownish colour, and full of blood, and did not crepitate as in the normal state. We do not place much weight upon this observation, still it seems to indicate a certain tendency to local action in the direction of the lungs.

Most of the persons who proved Aconite experienced symptoms of its direct effect upon the lungs. Thus Dr. Böhm† after taking five drops of the tincture, among other symptoms felt a tickling in the larynx, which compelled him to cough, also frequent stitches in the middle of the sternum (a common place to feel pain when the lungs are affected, and not likely to be rheumatic). The following day he took ten drops, and felt an inclination to cough, and next morning he coughed up mucus streaked with blood. This we consider as almost an unequivocal evidence of the lungs being directly affected by the drug. Professor Joseph Von Zlatarovich‡ after taking 200 drops of the tincture for some time, had frequent inclination to sigh, from the distinctly felt collection of blood in the lungs.

It would be easy to multiply instances, but we should prefer that our readers would study this admirable proving for themselves, and we think that they will be convinced that Aconite does tend to produce congestion of the lungs, as well as general inflammatory fever, and that therefore it is *a priori* well suited to the treatment of the first stage of pneumonia.

The two following cases although in neither have the physical signs been observed, still seem to possess undoubted claims to our acceptance, as cures of pneumonia by Aconite.

A mason, 17 years of age, of strong constitution, presented the following symptoms:—throbbing headache, chiefly frontal; eyes bright, with contracted pupils, and over sensitive to light; face dark red, hot and puffed; dry lips, white coated tongue; bitter taste; much thirst; constipation; scanty bright red urine; respiration short, superficial, laborious; oppressive and painful pressure on the chest, especially under the sternum; cough frequent and short, with heavy blood-

* Toxicologie, 3 te. Auflage, Bd. 3, s. 59. † *Op. cit.* p. 31. ‡ *Op. cit.* p. 92.

streaked expectoration; stitches in the right side on inspiration, increased on coughing, deep-breathing and every movement; inability of lying on the side; continuous burning dry heat, with cold feet, preceded by rigors; pulse quick, full, hard; weariness and sense as if the body had been beaten; sleeplessness, anxiety, and restlessness. A drop of the 12th dilution of Aconite every four hours for six times. After the third dose, general perspiration set in, and after waking there was decided improvement in his condition. On the next morning the headache, thirst, oppression of breathing, and pressure at the heart, beaten feeling, anxiety and restlessness were all gone. There was an alvine evacuation, the urine deposited a sediment, there was a general transpiration from the surface, the pulse was slower and softer, the breathing calmer and freer, the cough less frequent, with a little pure slimy expectoration; he could lie upon the side, and the stitches were only felt on taking a full breath or coughing; appetite also returned. The following night he slept well, only coughed a couple of times, and went to his work the succeeding day.

This case is recorded by Dr. Gulyas, in vol. xix. of the *Hom. Archiv*, and we concur with Dr. Müller in his remark, that this rapidly cured and well described case makes us the more regret the absence of the physical indications of pneumonia.

The next case is by Dr. Trinks, of Dresden, whose name is in itself a guarantee for the correctness of the diagnosis.

A robust maid-servant, 30 years old, after being exposed to cold and wet, was attacked with severe rigors and stitches in the breast. The next morning the following symptoms manifested themselves:—dull stitching, pressing pain in both lungs, which obliged her to lie upon her back and prevented deep breathing; frequent short cough, with incessant inclination to it; great dyspnoea and anxiety, which would not let her lie still, and expressed itself in the countenance; face dark blue, puffed; pulsation in the carotids; dryness in the mouth and thirst; bloody taste in the mouth; general dry heat; pulse slow, (?) oppressed, small; drawing pain in the limbs. After a dose of the 24th dilution of Aconite, transpiration set in upon the first night; the breathing was freer; expectoration slimy and without blood; the pains in the limbs were gone. The case was finished by *Bryonia*.*

* *Annal. der hom. Kl.* 1. 21.

We are disposed to regard this as a case of incipient pneumonia, in the first stage of Dr. Stokes. If pneumonia at all, it was a wonderful cure, but far from incredible. Dr. Wurmb,* an excellent practitioner, expresses himself as convinced of the utility of Aconite in pneumonia, and that it does not merely allay the fever, but has a specific action upon the lungs. Dr. Buchner† also expresses himself satisfied of its usefulness. We should gladly avail ourselves of Dr. Müller's sensible concluding paragraph, had we space. We can only recommend his whole article to the attention of our readers.

If we admit, as we must, that Aconite is the proper medicine at the beginning of a simple pneumonia, the next thing to determine, is the dose. We find all doses, from the 1st to the 24th dilution, of use; and for our own part we usually employ the third, but can lay down no rule. We have ample facts to shew the efficiency of all dilutions, and none to shew the superiority of any.

BRYONIA.—Although its effects upon the digestive system, and upon the serous membranes and muscular tissue are much more prominent in the admirable proving published in the 3rd vol. of the Austrian Journal, yet we find unequivocal symptoms of its direct effect upon the parenchyma of the lungs; and we must remember, that owing to the slight general sensibility of these organs, and the great sensibility of those others affected by Bryonia, that it will require fine discrimination to pick out the pathogenetic signs of an effect upon the pulmonary tissue. The dumb sufferings of the lungs are not easily recognized amid the clamour of the stomach and bowels and muscles of all parts. The appearance of the lungs in a rabbit poisoned by it gave unequivocal evidence, however, of its direct action on these organs. This experiment was made by Loewy, of Vienna. After the animal had taken three successive large doses of Bryonia, it died; and on dissection, the lower half of both the lungs were found of a dark flesh-red colour; they did not crepitate, and sank in water.‡

* Hygea, ix. 1, s. 53.

† Hyg. xv. 6, s. 503.

‡ Oester. Zeitsch. für Hom. vol. iii, p. 96.

Among the provers, the most marked symptoms were the following:—Surgeon Huber, after taking Bryonia in large quantities for several days, describes that one day, about one o'clock, his respirations became greater while driving, and he experienced the feeling *as if the upper part of the chest were too tight*. (This is exactly the sensation given by a congestion of the lung, as we have frequently had opportunity of observing). The tightness of the chest, and a raw feeling under the sternum, increased to such a degree as to oblige him to alight from the carriage. Dr. Würstel, after the continued use of the medicine for some days, states, that one day, after he had taken twenty-five drops in the morning, he was affected in the forenoon with stifled breathing (*beklommenes athmen*), and a weight in the middle of the breast." This is either from congestion of the lungs, or from some effect on the nervous centres which Bryonia does *not* produce. "The saliva is twice mixed with clear blood." Taken in connection with the oppression of the chest, it is probable that the blood came from the lungs; at all events, it produced a hæmorrhage of some part of the mucous tissue which lines the respiratory organs; and as we pointed out before, the first stage of pneumonia is extremely analagous to the congestion which ends in hæmorrhage. This evidence for the direct effect of Bryonia on the lungs though scanty, is good—and we have such ample clinical experience of the utility of the drug, when administered in the disease, as to supersede the necessity of any more *a priori* evidence in its favour.

By far the most important book upon the treatment of any disease which has yet appeared in homœopathic, we may say in medical literature, is one by Dr. Tessier on the treatment of Pneumonia and Cholera. It is intitled—"Recherches cliniques sur le traitement de la pneumonie et du cholera suivant la methode de Hahnemann. Precedés d'une introduction sur l'abus de la statistique en medecine, par le Docteur J. P. Tessier, Medecin de l'Hôpital Sainte Marguerite (Hôtel Dieu Annexe), à Paris.—Bailliere. Our readers are no doubt already somewhat acquainted with this book through the able papers of Dr.

Ozanne, which appeared in the *Homœopathic Times*. What gives this book such immense importance in our eyes is, that it is the first time the system of homœopathy has been fairly carried out in a public hospital by a physician of the old school who had ample opportunities of comparing his former and later success, and who has given us such unexceptionable reports of every case he treated. It is utterly impossible for anyone who is capable of appreciating evidence, to gainsay the potency of this. The cases are admirably described,—how different would homœopathy be had all the homœopathic cases been so narrated ! The total number of cases treated was 41 ; of these, 38 recovered and three died. He comes to the following conclusions :

“ 1. In all, the disease was making progress up to the moment of treatment.

“ 2. As soon as that had commenced, an aggravation ensued, which lasted in general less than twenty-four hours, and the remission began either partially or over the whole extent. From this time everything converged rapidly towards cure. Sometimes the amelioration began without previous aggravation, and went on without a check to perfect cure.

“ 3. The pulse shewed an extraordinary influence of the *Bryonia*. It was noticed to fall 20, 30 pulsations on the day of its administration ; on the succeeding, 65 after it had risen to 110 or 120 ; it went down to the time of the resolution of the pneumonia, to 60, 50, 44. I saw it fall to 36 in an individual, the history of whose case is not given. I have seen it fall from 120 to 80 in the interval of the morning and evening visit, to go down to 60 the following morning.

“ 4. In the case of old people who had passed whole weeks previous to treatment, and in whose case the termination by induration appeared to be inevitable, this result did not occur in one single case ; all that was observed, was that the disappearance of the physical signs was somewhat protracted.

“ 5. Lastly, suppuration did not take place in one in whom it had not begun before the commencement of treatment. In the case of several it appeared to be limited ; in one case alone it was neither prevented nor arrested, (in my view the two

brought in in agony of death are not to be taken into account (a mes yeux les deux agonisants sont hors de cause.)"

We have made out a table showing the number of days each was under treatment, and how long the patient had been ill before he was treated.

Cases.	Entered.	Under treatment.	Dismissed.	Days ill before entrance.
1st	Nov. 19th	33 days	December 21st	9 or 10
2nd	Dec. 1st	33 do	January 2nd	7
3rd	Dec. 1st	34 do	January 3rd	4
4th	Dec. 14th	21 do	January 3rd	8
5th	Dec. 24th	8 do	{ Remained in hospital, } { though well, on 1st Jan. }	1
6th	Dec. 21st	14 do	January 3rd	3
7th	Jan. 10th	20 do	February 7th	4
8th	Jan. 24th	36 do	February 28th	7
9th	Jan. 24th	15 do	March 7th	15
10th	Jan. 29th	29 do	February 26th	3
11th	Jan. 29th	28 do	Died	12
12th	Feb. 6th	17 do	Improved	1
13th	Feb. 7th	27 do	March 4th	3
14th	Feb. 15th	21 do	March 6th	5
15th	March 20th	43 do	May 2nd	15
16th	April 8th	30 do	May 7th	4
17th	April 29th	19 do	May 17th	1
18th	May 16th	12 do	May 27th	2
19th	July 7th	12 do	July 18th	3
20th	July 10th	14 do	July 24th	6
21st	July 11th	11 do	July 21st	1
22nd	July 14th	11 do	July 24th	3
23rd	August 30th	14 do	September 12th	1 night
24th	Sept. 18th	18 do	October 5th	4
25th	Sept. 28th	17 do	October 14th	1 night
26th	Sept. 23rd	10 do	October 2nd	2
27th	Oct. 14th	18 do	October 31st	1
28th	Oct. 18th	20 do	November 6th	5
29th	Oct. 25th	13 do	November 6th	5
30th	Nov. 20th	10 do	December 11th	1
31st	Dec. 9th	52 do	January 29th	6
32nd	Dec. 30th	73 do	March 12th	6
33rd	Jan. 29th	8 do	March 13th	5
34th	April 24th	17 do	May 10th	4
35th	July 10th	20 do	Died of another disease	5
36th	July 14th	26 do	August 8th	4
37th	August 21st	23 do	September 17th	4
38th	Sept. 6th	34 do	October 10th	1

In almost all Tessier's cases, Bryonia at the 24th dilution was the sole, or nearly the sole medicine; in some Aconite was given before Bryonia. That they establish beyond the possibility of a doubt the great efficacy of Bryonia in this disease is certain;

it may still, however, be a question, whether the frequency of the aggravation he noticed would not have been avoided by some doses of Aconite. It is a frequent practice to give Aconite and Bryonia in alternation, and although it is a mode of procedure at variance to the strict injunctions of Hahnemann, it certainly has much to recommend it. It is our usual method in cases of pneumonia and pleurisy to give these two medicines alternately, and we are disposed to think that the results were more favourable than if either had been given alone. We have no space to enter into an apology of this, but we think we could shew, from physiological principles, that it is not so inexcusable in practice as it at first appears. And, certainly, the two medicines do *not* counteract each other.

We have the same remark to make upon the dose of Bryonia as upon that of Aconite. We do not know any facts proving the superiority of any dilution. Tessier used the 24th ; we generally use the 3rd or the 6th. Perhaps both are right. We can see no clue to the solution of this question in the effects produced upon those in health by different doses, as suggested by Dr. Black.

The adaptation of PHOSPHORUS to pneumonia can be established both by the proving of the medicine, and its extensive and most successful application. The fumes of Phosphorus produce an affection of the mucous membrane of the bronchial tubes, since cases of this kind, which occurred in La Pitié, are related by Gendrin ; and in the following case the inflammation seems to have affected the smaller bronchia, and nearly approached pneumonia. The case is related by Bibra and Geist* :—

“ John Zitman, 52 years of age, large, lean, but well built, broad chested, strong constitution, without any disposition to phthisis ; was for three-quarters of a year in a lucifer-match manufactory, and chiefly employed with dipping the matches (Tunken der Hölzchen) ; soon after beginning the work he was attacked with a dry cough, which disappeared under a warm regimen and diaphoretic drinks. In the course of half a year he became ill of the same affection which,

* Die Krankheiten der Arbeiter in den Phosphorzündholzfabriken von Dr. V. Bibra und Dr. Lor. Geist, Erlangen, p. 11, 1847.

however, was now more severe, and obliged him to quit his work. On examining him, the face was red and congested, the brow covered with sweat, the tongue coated, the taste nauseous; there was frequent desire to cough, with flying stitches under the sternum, and the right side of the thorax, with a continual tickling and scratching feeling at the bifurcation of the bronchi, anxious, short and quickened breathing, with heaving of the whole thorax, but more especially of the left side. The percussion elicited a clear sound in the middle of the right side; auscultation shewed extensive mucous râle with *pectoriloquy*. The pulse was quick, small, hard, the skin dry and hot, much thirst, great weakness and prostration."

Although the narrator calls this a case of bronchitis, it seems to us manifestly one of hepatization of the lungs, for without this or previous chronic disease we are not aware of *pectoriloquy* ever taking place. The physical signs are somewhat anomalous no doubt.

We do not think it necessary to quote from Hahnemann's *Materia Medica* the symptoms which correspond to pneumonia, as the book is in the hands of all our readers. The short frequent cough, with sense of oppression at the chest, and expectoration of mucus streaked with blood, in combination with fever-symptoms point unequivocally to the direct action of this substance upon the lungs. It is by the steady persevering use of this remedy, and of this one alone, that Dr. Fleischmann has acquired such celebrity in the treatment of pneumonia. Up to the year 1844 he, and his pupil Dr. Reiss, of Linz, had treated in all 879 cases, and had lost only 19, or 1 in 20; the last 44 of Fleischmann, and 34 of Reiss having all recovered. Dr. Fleischmann is frequently blamed for what is called routine practice, but we must recollect that pneumonia is a routine disease, running a definite course, depending, as we have shewn, upon certain simple and constant structural changes, and we see no reason why there may not be a specific for all cases of simple pneumonia occurring in healthy persons. And, for our part, we greatly prefer an undeviating adherence to a remedy which on the whole suits the disease, than a striving after something which seems to correspond to every little symptom of the individual case. We have seen some very remarkable examples of the efficacy of Phosphorus in this disease; for the particulars of the

following case we are indebted to Dr. Black, in the accuracy of whose memory we have the greatest confidence:---

I perfectly recollect, he says, the general features of a case of pleuro-pneumonia, treated in the Edinburgh Dispensary, in the spring of 1842, though I do not remember the details. The patient was a middle aged apparently healthy man, and on examination there were all the physical signs of pneumonia of one side, with great fever. We gave him Aconite, and sent him home in a cab. Next day the fever still ran high, and there was *no* improvement. As we had brought the Tincture of Phosphorus with us, by mistake for the first dilution, we gave him a drop or two of that in a cup of water, of which he was to take some every one or two hours. During that night the dyspnoea had so increased after every dose of the medicine, and he became so alarmingly ill, *that extreme unction was administered*. At our visit next afternoon we were surprised to find the patient so much better, the *pulse nearly natural*, no dyspnoea, respiration natural, but still little or no diminution in the physical signs. He made a rapid recovery. What impresses the case on my memory was the aggravation of the strong dose of Phosphorus, the speedy relief afterwards, and rapid disappearance of all rational signs without any diminution of the physical.

We beg our readers to pay particular attention to this most important case, it is full of instruction. We shall conclude our notice of Phosphorus by quoting Dr. Fleischmann's words :

I used formerly to employ the ordinary remedies, Aconite, Bryonia, Cannabis, &c., in pneumonia, and that with considerable success, but each of those remedies is adapted only to particular cases, or rather to particular shapes of the disease. Thus it happened that besides the difficulty I experienced in discovering the medicine adapted to the particular case—which is no easy matter—I was frequently left in a state of disagreeable uncertainty as to the remedy which had effected the cure. Now, however, I have attained much greater certainty, since for the last year and a half I have administered no other substance than Phosphorus in every case of pneumonia, under what form soever it might present itself; and I think I may, with perfect confidence, pronounce it to be a true specific. * * * * *

I have seen the most violent cases of pneumonia in every variety

of constitution and season, come to a happy issue by the sole employment of this remedy ; cases in which almost two-thirds of one lung were hepatized. * * * I administered the Phosphorus dissolved as Hahnemann recommends, in Æther, (* * *) only quantitatively stronger—10 grs. or drops to 100 of sugar of milk or alcohol. The formula I employ is :

Rx. Phosph. 3—6 gtts. iv—viii. Aquæ distil. ʒii—iv.
A spoonful to be taken three to six times daily.*

TARTRATE OF ANTIMONY was introduced into therapeutics as a cure for pneumonia by Rasori, who gave it in very large doses, and since his time it has been generally used by the old school. Of its specific action upon the lungs there can be no doubt. Magendie, in a memoir, entitled, “ L' Influence de l' Emetique sur l' homme, 1833,” describes its effects thus: “ The lungs present the appearance of the greatest alteration : they are of an orange colour if the animal is young, violet if it is older ; *the tissue is hepatized*, gorged with blood at some parts, and at others very analagous to the tissue of the spleen.” In whatever way introduced “ *it acts specifically in inflaming the lungs and the mucous membrane which lines the intestines from the cardia to the anus.*” Lepelletier, who has written an excellent monograph upon this drug,† observes, “ Its effects on the respiratory organs is to produce dyspnœa in dogs which were in perfect health before its administration, the lungs were found hepatized, lost their colour, and scarcely crepitated at all. One would imagine that admitting its action in man to be similar, far from being useful, its administration would be *particularly pernicious* in the treatment of pneumonia ; but it is not so, for we shall see that far from favouring engorgement of the lung, it induces its resolution.”

Out of 652 cases of pneumonia treated by Rasori, in the Civil Hospital, 505 recovered, 147 died, giving a mortality of 22 per cent. Of the whole number 1 in 16 were bled. In the Military Hospital 180 were treated, 154 recovered, 16 died, giving a mortality of 14 per cent. The proportion bled was 1

* B. Journal of Homœopathy, vol. ii, p. 45.

† De l'emploi du Tartre Stibié, à haute dose, par Alm. Lepelletier de la Sarthe.

in 16. Ambroise Laennec treated 40 cases after Rasori's plan, in the Hotel Dieu de Nantes; of these 1 died out of every 18, giving a mortality of 8 per cent. We may here introduce a curious table by Dietl,* giving the comparative results of blood letting, Tartrate of antimony, and nothing.

TABLE
Of the Numerical Results of the Treatment of Pneumonia.

<i>A</i> Of pneumonia there were treated with Venesection 85 patients.			
" "	large doses of Tart. antimony		106 "
" "	diet alone		139 "
	With Bleeding.	With large doses of Tart. Antimony.	With Diet alone.
<i>B</i>			
Of these were cured	68	84	175
" " died	17	22	14
Mortality	20 . 4 pr. ct.	20 . 7 per cent.	7 . 4 per cent.
<i>C</i>			
The fever lasted—			
a) from 5 to 9 days in	41	66	140
b) " 14 .. 21 "	27	18	85
The average duration of fever	11 . 1 days	9 . 2 days	9 . 1 days
<i>D</i>			
Convalescence lasted—			
a) from 5 to 21 days in	30 patients	62	133
b) " 22 .. 60 "	38 "	22	42
Average duration was	28 . 9 days	20 . 8	19 . 7
<i>E</i>			
The whole duration of the pneumonia was—			
a) 10 to 30 days in	27 patients	54 patients	119 patients
b) 30 .. 60 "	41 "	30 "	56 "
The average	35 days	28 . 9 days	28 days
<i>F</i>			
Inflammation of both lungs occurred in			
Left lung	10 patients	6 patients	11 patients
Right lung	28 "	41 "	73 "
	47 "	59 "	105 "
<i>G</i>			
Of inflammation of both lungs there died			
Right lung	4 patients	1 patient	2 patients
Left lung	9 "	11 "	9 "
	4 "	10 "	8 "

TABLE OF NUMERICAL RESULTS Continued.

	With Bleeding.	With large doses of Tart. Antimony.	With Diet alone.
<i>H</i>			
In the stage of red hepatiza- tion, died	5 patients	11 patients	7 patients
Grey hepatization	7 "	7 "	3 "
Purulent disorganization ..	5 "	4 "	4 "
<i>I</i>			
Of pneumonia without all complication, died	7 "	2 "	
With complication	10 "	20 "	14 "
<i>K</i>			
There died from the ages of			
10 to 20 years	1 "	1 "	
20 " 30 "	1 "	2 "	1 "
30 " 40 "	3 "	1 "	
40 " 50 "	3 "	3 "	2 "
50 " 60 "	4 "	4 "	3 "
60 " 70 "	4 "	6 "	5 "
70 " 80 "	1 "	5 "	3 "

We have now collected and arranged all the materials at our command, which seemed to us to throw light upon the nature and treatment of pneumonia, and we must leave to each practitioner to select the particular remedy for each particular case. We may add, that we have not ourselves been able, either from an examination of the proving, or of the recorded cases of treatment, to arrive at the pathognomonic signs for determining a selection among the substances we have enumerated, nor do we expect to obtain such certain indications until we have full, careful, and copious narrations of a great many cases, such as those given by Tessier, by which we may arrive at data enabling us to decide whether Aconite, Bryonia, Phosphorus, or Tartrate of antimony are the most certain and rapid in their action ; we confess our own predilection for Phosphorus. In the mean time we may conclude by observing of these remedies, as Goëthe did of himself, that Germany instead of contending whether he or Schiller were the greater, should be very thankful that she had two such men to contend about. We may be very thankful we have four such remedies to choose among in pneumonia, as Aconite, Bryonia, Phosphorus, and Tartrate of antimony.

CLINICAL RECORD.

Manchester Homœopathic Hospital.

IN a former number it was stated that we should from time to time take an opportunity of noticing the Manchester Homœopathic Hospital.

We have been furnished a few days since with a brief report of the number of cases admitted, and a few cases for publication of diseases of general interest.

We find that the number of beds in this institution now amounts to 25, and that from the 29th April to the 15th Nov. 77 cases have been treated with in general very satisfactory results.

We find that at the same date there were 10 cases in the house.

The fact of this hospital being self-supporting and not a free one, may in some measure account for the paucity of acute cases, as in Manchester no one can become an inmate of the establishment without the payment of at least half-a-crown a week, and if without the recommendation of a subscriber the patient is charged five shillings.

This may prove to be a serious drawback to the general usefulness of the Manchester Hospital, and we should fear would always militate against its having that number of acute cases (which are most prevalent amongst the indigent), so essential in the present state of homœopathy in this country, to strike not only the vulgar mind, but also that of the investigating allopathic physician. All who have attempted to influence their allopathic brethren by statements of individual cases, know how these are treated, and how often the "vis medicatrix" is called in to explain away what they have thought to be incontrovertible proofs of the truth of our system.

An hospital unrestricted in its admissions, except by the opinions of its medical officers, would soon furnish sufficient materials to put the "vis" aside and allopathy also. The self-supporting system is, however, one of those evils under which we must for some time labour, and which can only be got rid of

by a wider diffusion of our system amongst the wealthy laity. And in towns where homœopathic hospitals and dispensaries are opened, we would earnestly call upon our brethren to advocate the cause of perfectly free and charitable institutions.

CASE I.—ERYSIPELAS.

April 29th, 1850.—Elizabeth Hynde, admitted to-day, states that on the evening of the 27th she was seized with shivering, and on the 28th the face became swollen and painful, with shooting pains in the head. There is now erysipelatous inflammation of the face, affecting especially the nose, the left cheek, and the upper part of the neck; and the eyelids of both eyes are much swollen. There is severe frontal headache, with subdelirium; the tongue dry and red at the tip and edges.

Belladonna 3rd decimal dilution, every two hours.

30th.—She has passed a better night than on either the 27th or 28th. The inflammation has, however, spread to the hairy scalp.

Continue.

May 1st.—Slept well last night; the inflammatory redness and swelling of the face is diminishing; and the swelling of the scalp, though as yesterday, is much less tender. The headache much relieved, and the general febrile symptoms are less. Continue.

May 2nd to the 6th.—She has continued to improve. To-day the report is: no appearance of inflammation about face or scalp; desquamation; bowels quite regular; tongue moist; no fever. Sulph. 6.

On the 9th.—Dismissed cured.

CASE II.—FIBROUS TUMOUR OF THE UTERUS.

May 1st.—Jane Leatherbarrow, aged 39, married, mother of several children. Eighteen months ago had a miscarriage, since then bloody discharge, very offensive, frequently clotted. The lips, gums, and conjunctiva excessively pale; eyes surrounded with a dark circle; countenance anxious; pulse rapid and feeble; anorexia, nausea, and occasional vomiting; pain and tenderness in the right iliac region; sleepless nights.

Secale 1st decimal dilution. Cocculus 3rd ditto, every three hours alternately.

2nd.—Less discharge; nausea relieved. Continue.

3rd.—Discharge less offensive; pain in the side relieved; general appearance improving.

4th.—Discharge not offensive, scanty, watery. Continue.

From this date to the 14th, the general health continued to improve. Platinum, China, Ipecac., Ferrum, and Secale were prescribed in succession as the symptoms seemed to indicate, and in the interval an examination with the speculum was made, which disclosed a firm tumour protruding from the os uteri.

21st.—A ligature was passed round the neck of the tumour.

Arnica 1.

22nd and 23rd.—She has suffered considerably from abdominal pain and retention of urine. Bell. 2 and Arnica 1, alternately.

26th.—The tumour separated this morning without hemorrhage, it was about 5 inches in length and about $2\frac{1}{2}$ in breadth, lobulated on the surface and somewhat kidney shaped, a section of it displayed its fibrous texture. She left the Hospital on the 10th of June, perfectly well and much improved in flesh and strength.

The above case appears interesting, in so far as it shows the effects of the homœopathic remedies in palliating the symptoms previous to the removal of the tumour by operation, and although the urgency of these would not permit of a longer trial of their action in this case,—in others, less exhausted, might not their continuance lead to a cure?

CASE III.—PLEURO-PNEUMONIA.

May 4th.—John Nicholson, house painter, aged 24; muscular. Cephalalgia; pulse 112; skin burning; tongue moist, with yellow fur, red at the tip; eyes suffused; slight cough; stabbing pain, extending from the point of the right scapula and passing through the chest to the sternum; dry crepitating rattle on the right side of the chest posteriorly. Aconite B, Bryonia B, every two hours alternately.

5th.—Tongue cleaner; breathes with greater freedom; pain confined to a small spot to the right of the right nipple, still felt very acutely on coughing; cough troublesome, with clear thick tenacious sputa; skin moist; pulse 98; crepitating rattle as yesterday; bronchial respiration. Bry. B, Phos. B, every three hours alternately.

6th.—Less pain; more cough; sputa less tenacious; tongue cleaner; pulse 86. Continue.

7th.—Has passed a tolerable night, though much troubled with the cough; sputa yellowish; pain nearly gone.

Continue the Phosphorus alone, and give at the 3rd dilution.

9th.—Is doing very well. Crepitus still audible posteriorly.

12th.—States that he feels quite well, and is discharged with a caution to keep quiet for a few days longer. He presented himself a week after, and had entirely got rid of his cough and the slight uneasiness in the chest which he felt at first on taking exercise.

CASE IV.

May 29th.—Elizabeth Moorhouse, aged 23, married, and is nursing an infant six months old, complaining for five days. Present symptoms: intense stabbing pain in the left submammary region and lower end of sternum; troublesome short tickling cough; complete dulness in the two lower thirds of the posterior part of the chest, with entire absence of the respiratory murmur; pulse 132.

Aconite B, Bryonia B, every two hours alternately.

30th.—Still intense pain in left side, stabbing in character; skin moist; pulse 128. Bry. B, Phos. B, every two hours alternately.

31st.—Pulse 110; pain less stabbing in character; rather less dulness on percussion, but the respiratory murmur is inaudible.

Bry. 3, Phos. 3, every three hours alternately.

June 1st.—Pulse 96; less pain; respiratory murmur slightly audible. Continue.

2nd.—Pulse 86; very little pain, and its character is now dull; more resonance; murmur more distinct. Continue.

4th.—No pain; very slight dulness; the left side expands on deep inspiration.

6th.—Respiration tolerably free, and the respiratory murmur is quite distinct; some dulness remains; she complains of nothing but weakness, and calls loudly for meat.

China A, T. Sulph. ϕ , every four hours alternately.

10th.—She is dressed, states that she is quite well; the chest not examined, but as she breathed freely, had no pain or cough, and complained of nothing but the still too scanty diet, she was dismissed with directions to take a powder containing one drop of T. Sulph. ϕ , each night for a week longer.

Cases like the above have occurred to every practitioner of homœopathy, but are particularly interesting to those who have treated similar cases on the old plan. What a contrast does the noble simplicity of our treatment present in its administration of a few remedies, and these apparently inert to the laboured complexity of the V. S. the Cucurb. Cruent., the leeches, the blisters, and last, but most dangerous, the Calomel and Opium,

(to ptyalism sometimes in a strumous subject!) In this aspect did it present itself to a young physician, who saw and watched the case of Elizabeth Moorhouse, and from what he did see he concluded that homœopathy was worthy of his serious attention. Since then he has been steadily studying and is now a zealous convert.

CASE V.—ACUTE PLEURISY.

July 4th.—Riley Thomas, aged 18, single, labourer, was visited at his own home, and had the following symptoms, at 11 A. M. Acute pain in the right side, striking like a knife running into him, as he said, at every breath; his hand was pressed upon the side to restrain the motions of the chest; breathing abdominal; great inclination to cough, but restrained as much as possible from the violent pain which the effort brought on; there was some dulness over the part, and upon applying the stethoscope distinct friction sound was heard; pain acute on pressing upon the intercostal spaces; had had rigors; pulse 104, full and hard; skin hot and dry; tongue furred; countenance anxious; great thirst; urine scanty and high-coloured; bowels relaxed from Sulphate of Magnesia.

Take Acon. B, Bry. 3, every hour alternately.

7 P. M.—Found him much relieved. Pulse 98; could breathe comparatively freely; cough with very little pain; skin moist; thirst not so urgent; countenance much more tranquil.

Continue every two hours.

5th, 9 A. M.—Was removed in a car carefully enveloped in blankets to the hospital.

2 P. M.—Symptoms aggravated in consequence of his removal. Fever increased; pain in side worse; tongue dry; diarrhoea has set in.

Acon. 3, Ars. 6, every two hours alternately.

6th.—Slept tolerably well during the night; cough troublesome; still pain in right side; no diarrhoea; tongue cleaner and moist; pulse 88, weak; some dulness on percussion, no friction sound.

Continue Acon. occasionally, Merc. 1, Chin. A.

7th.—Much better this morning. Skin moist; tongue cleaner; bowels acted naturally last night; pulse 84, soft and regular; slight pain in right side; cough easier, with mucous expectoration.

Continue.

8th.—Very much better, all pain gone. Cough very slight.

Continue.

9th.—Reports himself well, and was discharged this day.

CASE VI.—RHEUMATISM.

Aug. 16th, 1850.—Martin Corrigan, aged 51, labourer, married, admitted into hospital to-day. Has been exposed to cold and wet. Complains of pains in the back and lower extremities of a shooting character, with a sense of contraction in the tendons of the thigh; urine scanty and high-coloured; bowels sluggish; he feels worse in a morning.

Take Bry. B, Puls. 3, every two hours alternately.

17th.—Rather better. Continue.

18th.—Much better. Complains now of pains chiefly in the knees; perspiring freely. Continue.

20th.—Better.

Take Bry. B, Arn. B, every three hours alternately.

Continued improving up to 23rd, when he was discharged cured.

CASE VII.

Nov. 15th.—Margaret Hobbs, aged 26, married, came to the hospital as an out-patient. Has been subject to rheumatism. Complains now of pains in the joints of upper and lower extremities, more particularly of the ankle-joints and feet; is cold and chilly; thirst; pulse accelerated; tongue furred; bowels constipated; urine scanty and high-coloured.

Take Acon. B, Bell. B, every two hours alternately.

16th.—Was visited at her own home. All the symptoms were much aggravated. She was sitting close by the fire, and still cold; pulse 100 and jerking; tongue much furred, dry, red tip and edges; face flushed, skin dry; pains in the limbs very acute, ankles and feet swollen, hot and painful to the touch; she dreaded night approaching, the pains were so violent when warm in bed, and prevented her sleeping. She was ordered to continue her medicine, and to come into hospital the following day.

17th.—Admitted into hospital. Somewhat better, still pains acute, and ankle-joints and feet still swollen, hot, and painful to the touch; she is unable to walk; bowels have acted; pulse 104, compressible.

Take Bell. B, Rhus B, every two hours alternately.

19th.—Feels better; has had a better night; pain almost gone from the right ankle-joint. Continue.

20th.—Pains almost gone; legs continue swollen. Continue.

23rd.—Feels quite well, with the exception of some debility. Discharged cured.

CASE VIII.

Sept. 2nd.—John Mews, aged 38, married, admitted into hospital. States that he has been ill for thirteen months. After unusual exertion he was seized with pain in stomach, and in the shoulders, arms, back and lower extremities; the pains have recently become much worse, and he cannot now raise the right arm; great pain in right shoulder, between the scapulæ and down the back; pain and stiffness of the right knee, left leg and foot also very painful, with stiffness of the heel; left foot very hot; bowels regular; tongue coated and brown; skin hot and dry; pulse accelerated.

Take Bry. 3, Rhus 3, every three hours alternately.

3rd.—Same. Continue.

5th.—A little better. Tongue clean; bowels relieved. Ordered a warm bath, and Ars. B, Bry. 3, every four hours alternately.

6th.—Same. Perspired freely in the night after the bath; bowels relieved; urine high coloured, depositing a thick white sediment. Continue.

7th.—Profuse nightly perspiration affording no relief; skin hot; bowels relieved; tongue coated; on examining the heart with the stethoscope a distinct bruit is heard; action accelerated but feeble; starts from his sleep with violent palpitation: increased dulness in the præcordial region.

Continue Arsen. B, Bry. 3, every four hours alternately.

8th.—Same. Continue.

9th.—Same. Continue.

10th.—Pulse 84; heart sounds more distinct.

11th.—Same. Take Arsen. B, Digit. B, every four hours alternately.

12th and 13th.—Unable still to raise right arm.

14th.—Same. Continue.

15th.—Better, Heart sounds more distinct, with bruit at apex. Continue.

16th.—Tingling in right arm. Continue.

17th.—Same.

18th.—Heart's action more distinct, and bruit not so marked; considerable pain in right shoulder. Continue.

20th.—Same.

21st.—Better to day. Heart sounds normal ; pains much better ; leg and arm of right side continue a little stiff.

Continue Digit. B, Arsen. B.

22nd.—Discharged at his own request, as he states that he feels nearly well.

CASE IX.

June 5th.—John Hindley, aged 26, miner. Several months ago was seized with dull aching pain in the region of the kidneys, which was followed with anasarcaous swelling, commencing at the face and gradually extended over the body to the lower extremities, and which continues ; legs, feet, and abdomen are now much swollen ; tongue coated with a yellow fur ; pulse rapid and feeble ; bowels regular ; urine scanty and pale, with a greenish tinge.

Digit. 3, Ars. 3, every three hours alternately.

7th.—General health better ; on examination, the urine was found highly albuminous. Continue.

8th.—Less swollen. Continue.

9th, 10th and 11th.—Swelling diminishing ; urine sp. gr. 10.12. Continue.

12th.—Urine, 10.14. Continue.

13th.—Urine, 10.18. Continue.

15th.—Swelling very much reduced. Continue.

July 2nd.—Swelling has entirely disappeared, although the urine still contains traces of albumen, and he left the hospital for the benefit of sea-side air.

In this case but two medicines were given, Digit. and Ars., and the effect was to remove completely the dropsical affection in less than a month. Previous to his admission into hospital he had for two months been under allopathic treatment, at one of the Manchester dispensaries, without receiving any relief, although the most potent diuretics, and amongst the rest Digitalis had been unsparingly administered.

CASE X.—CONTINUED FEVER.

June 4th.—J. Matthews, M.D. Febrile symptoms : great pain in head ; bowels confined for several days ; pulse 140. Acon. 3, Bell. 3, Bry. 3.

5th.—Tongue coated yellow ; great heat and pain in head ; bowels acted upon ; pulse better ; debility. Ars. B, Bell. 3.

6th.—Less fever; less thirst; still bitter taste in mouth; tongue less coated; pulse better; feels better, though weak. Continue.

7th.—Slept better last night; symptoms much improved; tongue cleaning; pulse increasing; bowels acted upon last night.

Ars. B, and Bry.

8th.—Same. Continue.

9th.—Delirium this morning about 5 o'clock, threatened to get out of bed; wishes to go out; pulse 94, small; tongue moist and cleaner; forehead cool; debility much. Bell. 3, Ars. B, and Stram. 3.

3 P. M.—Great excitement; talks continuously of going home. Stram. 3, Bell. 3. Half-past 7 P. M.—Found him up and partially dressed, expressing a determination to go home; was eventually pre-

vailed on with much persuasion to return to bed. Acon. 3, Ars. B. and Bell. 3, *si opus sit*. Quarter past 9 P. M.—Less excitement, but

very restless; skin hot; pulse 94, full; occasional muttering delirium.

10 P. M.—More tranquil; inclined to dose. Bell. 3, Ars. 3.

10th, three quarters past 8 P. M.—Passed a pretty tranquil night, was rather excited about 3 o'clock this morning, got up and wanted to go away; he is now tranquil; pulse 94, small; tongue very dry; skin hot; bowels were opened yesterday afternoon. Continue.

11th.—Slept well until about half-past 4 o'clock this morning, when he got up and wanted to go down stairs, he said, for his clothes; the nurse with some difficulty got him into bed again, when he became quiet and remained so till this morning at 9 o'clock; pulse 86; tongue moist; skin rather cool and moist; tongue coated yellow; bowels regular; is rather inclined to ramble, but on the whole much more rational than yesterday. Continue Acon. 3.

12th.—Slept well last night; skin moist; tongue moist and cleaner; bowels acted upon last night; no rambling, is quiet. Cont.

13th.—Slept well last night until about 8 o'clock this morning, when he asked for his clothes, and desired the nurse to procure a cab as he wished to go home; seems easier now; not much fever; bowels regular. Continue Ars. 3.

14th.—Had a very good night's rest; skin cool and moist; tongue moist and much cleaner; is much better in every respect. Continue.

15th.—Slept very comfortably last night; skin cool and moist; tongue cleaning; perfectly rational; bowels acted naturally this morning. Continue.

16th.—Much better. China 1, Bell. 3.

17th.—Convalescent. Continue.

MANCHESTER HOMOEOPATHIC HOSPITAL.

Disease.	Age.	Whether under old treatment.	How long ill.	How long under treatment.	Event.	Chief medicines used.
1 Anasarca	26	yes	several weeks	1 month	cured	Dig. B, Ars. 6
2 Abscess on left thigh	17	yes	6 months	6 weeks	cured	Nux. B, Bell. B, Graph. 6
3 Ascites	49			2 weeks		
4 Bronchitis	31	yes		2 weeks	cured	Acon. 3, Bry. 3, Phos. 3, Nux 3, Hyos. 1
5 Bronchitis chronica	25	yes		5 days (discharged for disobedience)	much relieved	Merc. 3, Rhus 3
6 Cancerous mamma	45	yes	2 years	3 weeks	cured	Con. 1, Nux B
7 Chlorosis	24	yes	4 months	1 month	cured	Puls. 3, Ars. 6, Bell. 6, Sulph. 12
8 Catarrhal fever	25	no	3 weeks	3 weeks	cured	Bell. B, Acon. B, Nux B
9 Cephalalgia						
10 Caries, ankle joint amputated ..	15	yes	9 months	7 weeks (amputated)	cured	Arn. A, Bell. B, Acon. B, Merc. 3
11 Delirium tremens	23	no		5 days	cured	Nux B
12 Diarrhoea chronica	43	yes	3 years	3 weeks	cured	Camph. O, Arsenic 6
13 Dysuria	43			3 weeks	much relieved	Canth. 1, Sep., Sulph., Carb. veg.
14 Epilepsy	28	yes	14 years	1 week		Calc. 12, Nux B, Bell. B, Hyos. B
15 Erysipelas						
16 Epilepsy	26	yes	4 years	3 weeks	much relieved	Bell. B, Nux, Op.
17 Erysipelas, facial					cured	Bell.
18 Epilepsy	11	yes			relieved	Bell. 3, Op. 1, Acon. B.
19 Epilepsy	34	yes	11 years	2 weeks in hospital		
20 Erysipelas, facial						
21 Erysipelas, facial	29	no	2 or 3 weeks	1 week	cured	Hell. O, Phos. 3, Hyos. 1, Merc.
22 Fistula lachrymalis	30	yes		2 weeks	cured	Bell. B, Acon. B, Merc. 3, Petiv.
23 Fistula in ano	45	yes	4 years	2 months		Merc. 3, Hep. 6, Sil 12
24 Gastralgia	34	yes		5 weeks	much relieved	Acon. 1, Sulph. O, Hep. s. B
25 Gastralgia, hysteria	26			2 weeks	much relieved	Hyos. A, Nux, Puls., Sulph. 12
26 Gastralgia	23					Bell. B, Bry. B, Ignat. B, Nux B
27 Hysteria	33	yes	4 years	7 weeks	much relieved	Nux B, Puls. B, China 1, Bell. Ign. B, Nux 3, Coco. 3, Merc. 1

28	Hepatitis, chronic	76	yes	14 months	2 months	much relieved	Nux, Dig., Bry. B, Merc. B
29	Hemiplegia	59	yes	4 months	5 weeks	cured	Nux, Acon., Bry. B, Sab. B
30	Lateral curvature of spine	17	yes	several years	5 weeks	much relieved	Ten. B, Iod. B, Bell. B
31	Lumbago	53	yes	9 months	3 weeks	much relieved	Cann. 1, China 1
32	Morbus coxarius	8	yes	9 months	2 months	much relieved	Sil. 6, Calc. 3
33	Mania	25	yes	9 months	1 day	much relieved	Cann., Merc. 3, Con.
34	Ophthalmia purulenta	35	yes	9 months	10 days	cured	Phos. B, Ars. B, Hyos., Bell.
35	Phthisis pulmonalis	54	yes	9 months	2 weeks	cured	Acon. B, Bell., Hep. a. 3
36	Pneumonia chronica?	33	yes	6 months	3 weeks	relieved	Phos. 3, Hep. a. 3, T Sulph. O
37	Pneumonia	16	yes	6 months	5 weeks		
38	Pneumonia	20					Ol. Jecoris Ass., Phos.
39	Phthisis pulmonalis						Acon. 3, Rhua., Bry. 6
40	Pleurisy	18	yes	1 week	5 days	cured	Bry. 3, Bell. 3, Arg. nit. 1, Nux 15
41	Pyrosis	23	yes	2 years	3 weeks	much relieved	Ars. B, China 3, Bry. B
42	Phthisis pulmonalis	18	yes	3 years	3 days	cured	Ars. 3, Bry. 3, Phos. 3, Ol. Jecoris Ass., Sulph.
43	Phthisis	22	yes	3 years	3 weeks	much relieved	Bry. B, Rhua. B
44	Rheumatism, chronic	27	yes	3 years	3 weeks	much relieved	Bry. B, Pula. B, Ars. B
45	Rheumatism, chronic	51	yes	3 years	1 week	cured	Ars. R, Bry. B
46	Rheumatism, acute	25	yes	13 months	3 weeks	much relieved	Bry. B, Ars. B, Dig. B
47	Rheumatism	38	yes	11 weeks	3 weeks	cured	Acon. 3, Rhua., Bry. 6
48	Rheumatism, chronic	21	yes	11 weeks	3 weeks	cured	Bell. B, Bry. B, Rhua. B, Sil. 3
49	Rheumatism, chronic	42	yes	6 months	3 weeks	cured	Bry., Rhua. 3, Sulph., Ol. Jecoris Ass.
50	Rheumatism, chronic	55	yes	10 months	3 weeks	much relieved	Bry. B, Pula. B, Acon. B
51	Rheumatism, acute	51	yes	several weeks	1 week		Sep. 3, Pula. 3
52	Syphilitic lepra	43	yes	3 months	1 week		Sil. B
53	Struma of great toe	24	yes	10 months	1 week		Ars. 6, Hep. a. 3
54	Struma of elbow joint	16	yes	3 years	2 weeks		
55	Synovitis	57	yes	several weeks	in hospital		
56	Synovitis chronica	39	yes	3 months	3 weeks	cured	Sil. 12
57	Synovitis chronica	17	yes	11 months	3 weeks	much relieved	Calc. 3, Bry. B
58	Syphilitic rheumatism	24	yes	3 months	5 weeks	cured	Merc. 3, Rhua. 1, Nit. ac. B, Calc. c.
59	Subacute pleuritis	29	yes	11 months	3 weeks	cured	Merc. B, Bry. B, Acon. B, Bell. B
60	Typhus fever						
61	Ulcers	24	yes	9 months	6 weeks	cured	Lech. 6, Sil. 12, Pula. 3
62	Ulcer	45			still in hosp.		
63	Uterine tumour	39	yes	18 months	2 weeks	cured	Ses. 1, Coco., Plat. 6, Phos.

THE HAHNEMANN HOSPITAL.

This hospital has been in full operation since the 16th of October. We subjoin a short abstract of the cases that have been received in-door. The number of out-patients treated up to this date (December 18th) is above 650.

No.	Sex.	Age.	Con- dition.	Disease.	Duration of disease before admission	Date of Admis- sion.	Date of Discharge.	Result.	Chief Medicines given.	REMARKS.
1	M	13	S	typhus fever	5 days	Oct. 18	Oct. 30	cured	ana. 3, bell. 3, bry. 3	Not a very severe case; delirious for 4 nights before admission.
2	M	40	M	hypertrophy of the heart, with fever	10 months	Oct. 23	Nov. 25	greatly improved	rhus. 3, nux. vom. 2, bry. 3, spig. 3, merc. 30, cocco. 12, sutr. 12	For 10 months he had been in allopathic hospitals and dispensaries; amongst the medicines he took were strychnine, sesqui-carbonate of iron, vinum antimonii, ether nitricus, acidum sulphuric, &c; without any relief: for the last five months he had every second day castor oil, to relieve his costiveness. The palpitation of the heart and even the bellows sound is greatly diminished as well as a particular squeezing feeling on the right side of the chest. He is still improving since he left the hospital, as reported on the 14th December by his wife. The disease began probably after rheumatism of the legs.
3	M	28	S	rheumatic fever	2 weeks	Oct. 31	Nov. 9	cured	bry. 2, bry. 12	Till the day before his admission under allopathic treatment. The pains and swellings of both his hands and arms, which hindered the movement of these parts, disappeared the sixth day.
4	M	17	S	violent rheu- matic fever	2 weeks	Oct. 31	Still in hospital	cured	bry. 12, rhus 12, bry. 3, merc. 30, colch. 3, chin. 6, rhus 12	The patient came very emaciated, and looking very pale, to the hospital; almost all the articulations, and even the bowels, were very painful. On the 15th November he was without medicine, and allowed to get up, as he had no complaint; the following night he had a

5	M	18	S	orchitis from suppressed gonorrhoea	orchitis from month since, orchitis 4 days	Nov. 2	Dec. 2	cured	acon. & puls., clem., canth., nux., canth., merc., sulph. spig. 3, bry. 3, bell. 3	return of his disease in a less violent degree, and the last few days he is again up for some hours at a time; it is more for his general strength that he is still in the hospital.
6	F	13	S	cardiac disease and rheumatism	6 months	Nov. 10	Nov. 21	much better	spig. 3, bry. 3, bell. 3	Aconite, Puls. and Clematis for the acute stage of orchitis; Cannab. Merc. and Sulph. for the gonorrhoea, and Nux. for dyspeptic symptoms. The gonorrhoea was not cured.
7	F	17	S	morbus coxarius	2 years	Nov. 11	still in hospital	improved	silo., puls., calc., merc., phos.	Long bruit with heart's first sound, and great pain in the heart and limbs; the pains were quite removed by the treatment.
8	F	20	S	Irregular and suppressed menstruation; swollen legs	Irregular and irregular for 5 years, suppressed for 6 weeks	Nov. 14	Dec. 2	cured	puls., sulph., nux., bry. and calc.	Has two abscesses on the left hip, one on the left vulva, and one on the upper third of the right humerus; the Mercurius lessened the night sweats and improved the condition of the pus.
9	F	21	S	pleurodynia	3 weeks	Nov. 14	Nov. 23	cured	bry. 3, ara. 3, nux. v. 4	The pains were so violent, and accompanied by fever, that the disease was very similar to an inflammatory state. Since the 21st Nov. she was without medicine.
10	M	10	S	bronchitis, acute	3 days	Nov. 14	Nov. 23	cured	bry. 3, puls. 3, ara. 3	A very acrofulous subject; much concomitant gastric derangement.
11	M	45	M	diarrhoea	3 days	Nov. 15	Nov. 19	cured	nux 3, ara. 6	Affected besides with chronic dyspepsia, which was not treated.
12	M	47	M	typhus fever	5 days	Nov. 19	Nov. 23	died	ara. 3, bry. 3, bell. 3, op. 3, tart. em. 3	Very much addicted to drinking; the fever was complicated with delirium tremens and nearly total suppression of urine. He died quite suddenly in convulsions.
13	F	25	M	typhus fever	10 days	Nov. 19	still in hospital	convalescent	ara. 3, bry. 3, bell. 3, carb. v. 5, merc. 5, stram. 5	This case presented very bad symptoms: almost uninterrupted delirium for the first 10 days, mouth covered with black scordes, tongue hard, black, dry. After the delirium left, was very weak. Is now almost well.
14	F	10	S	typhus fever	4 days	Nov. 19	still in hospital	cured	bry., nux v. 4, cam.	Is only in the hospital for weakness.

No.	Sex.	Age.	Con- dition.	Disease.	Duration of disease before admission.	Date of Admis- sion.	Date of Discharge.	Result.	Chief Medicines given.	REMARKS.
15	M	17	S	bronchitis and hypertrophy of the heart	1 month 4 years	Nov. 25	Dec. 12	cured and improved	acon. 3, bry. 3, calc. 12, puls. 30, ars. 12, china 30	The 29th November, the tenth day, the bronchitis was cured. The three last medicines were administered for the heart disease; he was obliged to sit up in the bed when he entered the hospital—when he left he preferred to lie almost without a pillow. The disease of the heart originated from a rheumatic fever four years ago for which he was treated.
16	F	24	S	chr. metritis, gast. ent., general debi- lity	14 days	Nov. 23	Still in hospital	—	acon. 3, arsen. 3, puls. china	
17	F	27	M	gastr. enteritis	4 days	Dec. 2	Dec. 11	convales- cent	acon. 3, arsen. 3, puls. 3, bryon. 3	
18	F	7	—	gastric fever and diarrhoea	2 months	Dec. 2	Dec. 10	cured	bry. 3, ipec. 3, china 3	This child suffered, in consequence of aperient medicines, for two months from diarrhoea 7—8 times a day; she was very emaciated, the abdomen tympanitic, the pulse extremely weak, and deaf for some days before her admission. These details were reported by the mother only the second day, and then only she got <i>ipecacuanha</i> , on which she became better; the eighth day her deafness began to diminish suddenly, after having slept a great deal. <i>China</i> was given only after she got up the first time from her bed.
19	F	32	S	bronchitis	3 weeks	Dec. 2	Dec. 15	much improved	ars. 3, ars. 3	Great dyspnoea and much viscid expectoration, could not lie down at night; these symptoms were nearly removed and the acute attack cured, but there remained chronic bronchitis, to which she had long been subject.

20	F	25	Wid.	chronic bron- chitis	for years; the present at- tack for some months	Dec. 3	Dec. 13	slightly improved	acon. & bry., mero., phos., calc-o.	Was relieved of pain in the chest, and cough, but remain- ed in a sinking state, and left the hospital of her own accord.
21	F	13	S	anæmia	1 year	Dec. 3	Dec. 13	improved	ferr. & china	Left the hospital of her own accord.
22	F	23	S	bronchial irri- tation	2 weeks	Dec. 4	in the hospital	cured	bry. 3, nux 6, ipec. 3	
23	M	32	S	dislocation of the sternal end of right clavicle	3 days	Dec. 11	still in hospital	—	arnica, rhus.	
24	M	20	S	disease of brain, indu- cing delirium	6 months	Dec. 11	in hospital	improved	acon., bell, bry., nux	The fit of delirium did not come on, although the pre- monitory signs were present. Bry. and Nux given for gastric symptoms. Mother subject to epilepsy before his birth.
25	F	22	S	gastro-en- teritis	7 days	Dec. 15	still in hospital	conval- escent	nux vom. 6	
26	F	3	S	bronchitis	5 days	Dec. 15	still in hospital	conval- escent	acon. 3, bry. 3	

HOMŒOPATHIC INTELLIGENCE.

The Hahnemann Medical Society.

This Society was, as our readers are aware, founded in April last, and at present numbers 51 Members besides honorary members. Since its first general meeting on the 7th May last it has continued to assemble every fortnight, except during the months of August and September. We propose giving an abstract report of its proceedings as far as these possess interest to homœopathists in general.

Second Ordinary Meeting, May 28th, 1850.—Dr. Epps read a paper “On the kind of evidence best suited to force Homœopathy on the Professional and Public Mind.”

Fourth Ordinary Meeting, June 18th, 1850.—Dr. Henriques read a paper “On the abuse of Purgatives as a cause of Prolapsus uteri, and on the homœopathic treatment of that disease.” This essay was published in our last number.

Mr. Epps gave a description of a pessary formed of gutta percha which he had found very useful in cases of prolapsus that required mechanical treatment. It consisted of a tube of that material about $\frac{3}{4}$ ths of an inch in diameter, terminated at one end by a cup-shaped dilatation to receive the cervix uteri. Its tubular form allowed of the ready egress of any abnormal secretions, and whilst it was not so hard as to cause a disagreeable pressure upon surrounding parts, it was sufficiently firm to preserve its shape in the vagina. He preferred it to the India-rubber pessary mentioned by the author.

Dr. Chapman could corroborate Dr. Henriques’ statement relative to the frequency with which prolapsus uteri was met with in women addicted to the use of purgatives. He could also adduce some negative testimony to the same effect, for he had practised extensively in South America and had never met with an instance of prolapsus uteri among the negresses and native Indians who never employed purgative medicines. He also believed, that the disease might be caused by the excessive use of lavements; and he doubted much if the almost universal habit of using the speculum now prevailing had not a tendency to produce prolapsus. He could not forbear protesting against the frequency with which this instrument was used. Some medical men seemed to employ it on every possible occasion, and girls from 6 years old and upwards were indiscriminately subjected to the ordeal, which he considered had a most demoralizing tendency. He had heard of some young ladies of fashion, who, in lack of other amusement, would form parties to go and have the speculum applied by some practitioner notorious for his employment of it. Dr. Henriques had recommended a pessary shaped like the virile member, but he thought that such a shape was highly objectionable, and liable to give rise to abuses.

Mr. Robertson could confirm Dr. Chapman’s statement relative to the infrequency of prolapsus in hot climates and among the negro race, for he

had seen a good deal of practice in British Guiana, and had never met with a case of prolapsus among the negroes. Still they were not entirely unused to purgative medicines, for Glauber's salts was a favorite remedy with them, though he admitted they did not make that constant employment of it which was made of purgatives in this country. The exemption of negroes from prolapsus must be in great measure ascribed to the difference of their habits from those of our ladies.

Dr. Roth thought that prolapsus was often brought on by the great efforts made to expel hardened feces, and also by the use of stays. Dr. Henriques had alluded to the employment of cold water in the treatment of this disease, and he could add his testimony to its excellent effects. He had found great advantage from the use of the *Sitz-bad*, chiefly in cases of relaxed constitution, where there was great secretion of mucus. He had also used with benefit, *douches ascendentes* both to the outside of the genitals and internally by means of a tube introduced into the vagina. They were peculiarly adapted for weak and relaxed persons.

Mr. Millard had found the abdominal bandage of much use in retaining the uterus *in situ* after its replacement.

Mr. Engall had found *mercurius* of great utility in prolapsus of the vagina. He believed that the employment of the lavement tended to cause displacement of the uterus, but he had never observed prolapsus as a consequence of the use of purgatives. In cases where the uterus was protruded and congested to such a degree as to render its replacement impossible, he would ask if the application of a few leeches might not be advisable in order to unload the congested vessels and facilitate the reduction of the tumour.

Mr. Wilson believed that prolapsus was becoming a fashionable complaint. During fourteen years of allopathic treatment he had never met with any very desperate case of the disease, but since his adoption of homœopathy a patient had presented herself at the dispensary who had a most aggravated prolapsus uteri. The uterus was entirely external to the genitals, was everted, and had a lardaceous-looking ulcer on the part corresponding to the fundus; all the rest of the tumour was like the external skin, and it hung down half-way to the knees; there was a considerable amount of œdema about it. Various attempts had been made to reduce it without success. He had found that in cases of paraphimosis, if the glans penis were grasped at the point, reduction was difficult or impossible, but if seized by the neck and gradually compressed, reduction was easy. He had acted on the same principles in this case. The patient was laid down and he grasped the tumour with his hand, and by dint of constant manipulation for 25 minutes the uterus was replaced in the pelvic cavity and had not again descended. The ulcer subsequently healed up. He was not bigoted to any system of treatment, but he would as soon think of applying leeches to a scrofulous eye as to a prolapsed uterus, as that affection only occurred in weak and debilitated subjects who could not afford to lose any blood.

Mr. Engall explained that he only suggested the application of leeches in cases where the uterus was constricted and so much congested that mortification was to be apprehended if the congestion were not speedily relieved, and the tumour reduced. Dr. Dewees had detailed such cases.

Dr. Curie said, that probably the cases of mortification of the womb just alluded to had been caused by the effects of violent allopathic treatment, and would never have occurred had the patients been treated homœopathically. Such cases bore a great resemblance to cases of strangulated hernia, of which he had had several desperate cases to treat. In one the hernia underwent spontaneous reduction after the administration of the homœopathic remedy, without the employment of the taxis. In another case the patient had been ill 10 or 12 hours before he was called in; there was vomiting, cold sweat, and excessive prostration; the tumour was externally red. This seemed just a case for leeches; he did not employ any, however, but gave the patient the medicine, assuring him that in a short time the tumour would go back without further aid, which it did. Why did strangulation take place? He answered—on account of the inflammation. Subdue the inflammation, which could be done by the homœopathic remedy, and the strangulation would cease, the tumour disappear.

Dr. Dudgeon believed that a very frequent cause of prolapsus uteri was riding on horseback. He doubted the correctness of the pathological view of strangulated hernia taken by Dr. Curie; the inflammation he conceived was generally the consequence not the cause of strangulation.

Dr. Henriques expressed his gratification at the remarks his paper had elicited, and defended *seriatim* the opinions he had expressed in his essay.

Fifth Ordinary Meeting, July 2nd, 1850.—Dr. Roth read some observations on the medicinal employment of electricity, and exhibited various apparatus for the application of that agent by means of chains, bracelets, necklaces, girdles, &c.

Dr. Chapman believed electricity to be a most valuable agent for medicinal purposes. In South America he had successfully employed the *gymnotus electricus*, or electric eel, in paralysis and other local affections. He had seen a powerful negro prostrated by the shock of one of these eels. He himself had for three successive years suffered from attacks of lumbago of great severity. The first attack, which was treated allopathically, was cured in 7 hours; the second yielded in 7 hours to Rhus; the third did not correspond to the effects of any homœopathic remedy, for this he employed the electric bath, which relieved him in an hour, whereupon he fell asleep and slept 6 hours; he then awoke in pain, and again applied the electricity with the same beneficial effect. He was unable to say at this distance of time whether his symptoms corresponded to those of electricity, but he believed that every curative agent acted curatively on the homœopathic principle. The dose required was something altogether independent of this principle, and was purely a matter of experience. He had recently

treated a man for syphilis, who was affected with chancres and buboes. The homœopathic preparations of mercury, from 1 to 80, invariably caused sleepless nights and profuse nocturnal perspirations, but one grain of blue pill acted like a charm and cured his malady without causing any concomitant sufferings.

Mr. Millard said, that as allusion had been made to the cure of chancres, he might mention a case he had had which strikingly shewed the power of the rightly-selected remedy. A woman contracted a small chancre on the labia. He gave her half-a-grain of the 3rd trit. of *Merc.sol.* every morning for 12 days; thereafter some vegetations appearing on the edges of the sore, he gave *Nitr.ac.* 3rd or 30th once a day for 10 days, at the expiry of three weeks the chancre was perfectly healed.

Mr. Pearce had in former days treated two cases of paralysis successfully with electricity. One case of paralysis of an arm which had existed for a considerable time, he had treated by powerful shocks from 4 Leyden jars, followed by the employment of the electro-magnetic machine; the patient was completely cured in 9 weeks. The other case was that of a woman whose right side had been paralysed for years; she was much benefitted by the employment of electricity.

Mr. Wilson believed with Dr. C. Hering and Dr. Black that the true practical rule was to give medicines in more massive doses where the symptoms corresponded to the effects of large doses, and to give them in small doses where the symptoms resembled those produced by small doses of the drug on the healthy individual. He believed that the symptoms of those patients whom Mr. Pearce had mentioned as having been benefitted by powerful shocks of electricity, corresponded to the effects of violent electrical shocks. He believed that pathogenetic effects could be produced by the very smallest doses. In his opinion histories of cases were of little value unless an accurate detail of all observable symptoms as well as a minute anamnesis of the morbid state from the very birth of the patient were given. It was frequently said, that we had too many symptoms in the pathogenesis of some drugs, but that was not his own opinion. Pathological views were of little service in the treatment of diseases. Andral, whose pathological acumen was undoubted, had treated cases in which he had again and again prognosticated a result the very opposite of what ensued. Hahnemann had truly said, that physiology was very well in the sound state, but valueless when applied to the diseased organism.

Mr. Epps had seen electricity applied with advantage to the treatment of chronic ulcers of the legs.

Sixth Ordinary Meeting, 16th July, 1850.—Dr. Dudgeon read an Essay "On Hahnemann's claim to be considered a Medical Reformer before his discovery of the Homœopathic Law." In this Essay the writer shewed, from various works of Hahnemann published prior to 1790, that the great Reformer of Medicine had already introduced several important

improvements in medical practice, more especially in the treatment of syphilis, by giving extremely minute doses of his own preparation of Mercury, the *mercurius solubilis Hahnemannii*, as it is termed, and by his discovery of *hepar sulphuris* as the antidote to over-dosing with Mercury.

Seventh Ordinary Meeting, 1st October, 1850.—At this meeting the following interesting letter from Dr. Trinks, in acknowledgment of his election as honorary member, was read:—

“ Esteemed Sir!—You announce to me that the Hahnemann Medical Society has done me the honour to elect me honorary member at its meeting on the 2nd July, and I beg you will express to that Society of homœopathic physicians, which I so highly esteem, my most profoundly felt thanks for the very flattering distinction. Since 1820, I have been a homœopathic physician, and have had the extreme good fortune to enjoy personal intercourse with the great Reformer at Leipzig and Cöthen, and I remained in correspondence with him up to the period of his decease. I have participated in all the phases of his reform of the medical art along with him, and have been compelled to undergo the martyrdom of his first disciples in its full extent and meaning, a fate that none of the homœopathic practitioners of the present day will have to encounter. Those were, in truth, no pleasant times, and it required great patience, great courage in order to bear up against all the stupidities of unreasonable individuals, as well as the systematic oppressions and persecutions of our medical authorities. Every inch of the ground of homœopathy had to be striven and combatted for; whenever a death occurred among our patients we feared a judicial investigation; Damocles’ sword was suspended over the head of every homœopathic practitioner in Saxony. I was the first homœopathic physician in Dresden, and Kreysig, the omnipotent court physician, was the personal enemy of Hahnemann; and he succeeded, by intrigue, in driving Hahnemann out of Saxony. Under such auspices had a firm footing to be gained for homœopathy—and it has been gained.

“ These sad and gloomy times are past, Heaven be praised! and the great fact can now develop itself freely and unrestrainedly, and bring its influence to bear on our science and art. And this it will do, because it is a grand truth. We are still in the first period of the development of this new and natural system of medicine, which is the crown of all the investigations of nature, and which will rapidly unfold an undreamt of profusion of bloom, in spite of all the aberrations that are inseparably connected with the progress and development of every new science and art—for all these errors and illusions vanish before the force of facts and before the light of criticism. All seed does not fall in good ground, and therefore we cannot hope to reap only good and pure grain, for every seed requires to be thoroughly cleansed from the chaff.

“ When I review my life, I forget the sorrows of the past in the joys of the present; I see how the homœopathic healing art is spreading over the whole world, how rapidly its medical and lay supporters increase; and it

is a great, a happy thing to be conscious of having worked along with them to the best of my ability at this great edifice, which will prove a source of incalculable blessing to suffering humanity.

"Accept, respected Sir, the assurance that I shall follow with great attention the labours of the homoeopathic physicians of England, who have already accomplished so much gratifying work for art and science.

"With esteem I remain your most obedient,
"Dresden, 8th August, 1850.

"C. F. TRINKS,

"*Royal Saxon Medical Counsellor.*

"To the Secretary of the Hahnemann Medical Society."

Eighth Ordinary Meeting, 15th October, 1850.—Mr. Hering read a paper "on Scrofulous Disease of the Knee-joint," in which he detailed several cases of that disease that had fallen under his observation.

Dr. Chepmell said he had had a case under his care of a girl, between 9 and 10 years old, who, in addition to white swelling of the knee, had symptoms indicative of softening of the brain, which ultimately carried her off. One peculiar symptom was an intense burning pain in the occiput, where the hair turned quite white, this symptom was relieved by *arsenic*. The head symptoms seemed to alternate with profuse suppuration from the diseased knee. Before coming under homoeopathic treatment her spirits had been uncommonly depressed, but afterwards they got very good. The autopsy shewed extensive softening of the brain, and complete absorption of the cartilages of the knee-joint. He had also had a case of strumous disease of the elbow-joint, for which amputation had been proposed by an allopathic surgeon. After two years of homoeopathic treatment the joint became quite pliable and useful to the patient. He had treated another case of enlarged wrist-joint, which had originally been brought on by a fracture; the swelling was much benefitted by *arnica* in lotion and given internally, and the sensation which had been lost in the hand was restored by *silicea* and *calc*. A gentleman of strumous constitution, whose wounds never healed readily, was much benefitted by the internal and external use of *arnica*. In the case of a labourer who had been forced to give up work on account of extensive ulceration of the palm of the hand, 3 globules of *bryonia* 200, and *silicea* 200, effected a complete cure.

Professor Georgii mentioned an instance of scrofulous disease of the knee-joint, with complete ankylosis and accompanied by intense sufferings, where all pain ceased after the first application of Ling's system of movements, and in the course of three weeks the patient was able to walk about and most of the swelling had gone. He had successfully treated many cases of the same disease at the Central Gymnastic Institution of Stockholm. The treatment by movements was illustrative of the truth of the homoeopathic law, inasmuch as to remove congestion in any part, a movement was employed which was productive of congestion in that part in a healthy person.

Dr. Dudgeon cited the case of a boy of 9 years of age, at present under

his treatment. When he first saw the case, a year ago, the patient had just come out of an hospital, where amputation of the limb had been advised as the only chance of saving his life. He was emaciated to a mere skeleton, and in size was not larger than an ordinary child of 3 years of age. The knee was much swollen, excessively sensitive, and from an opening in it a quantity of ichorus looking matter of very unhealthy appearance was discharged. He had frequent attacks of fever and profuse night sweats. Under the use of several remedies, but especially of *silicea*, he had progressed amazingly, had gained strength and flesh, all the pain was gone, and he was able to walk about with a crutch and go to school. There was still some suppuration from the knee, but the pus was of a healthy character and there was every prospect of a cure being effected, of course with ankylosis of the joint.

Mr. Engall stated that several cases of the disease in question had come under his care. He thought that antipsorics were not indicated in the first stages of the disease. According to Sir B. Brodie, the disease primarily affected the synovial membrane, and he thought that for this *belladonna* was peculiarly indicated. *Iodine* was an appropriate remedy for the disease, and he thought that the benefit derived from a residence at the sea-side might be owing to the Iodine with which the sea air was impregnated. The efficacy of a residence at the sea-side was an argument in favour of repeating the medicine frequently, for in that case a dose of the appropriate remedy was taken in at every inspiration. He considered that when there were morbid structural changes, the larger medicinal doses were indicated.

Mr. Millard thought that remedies might be given more frequently than they usually were, with advantage. He had at present a case of ankylosis of the elbow-joint under his care; there was also exostosis of a rib, ulcers about the elbow-joint, and double curvature of the spine. It had been considerably relieved by the homœopathic remedies, and he was now administering cod-liver oil.

Ninth Ordinary Meeting, November 5th, 1850.—Discussion on Typhus Fever.—The discussion was opened by reading the following letter from Mr. Blake, of Taunton.

“Gentlemen,—I am glad that the subject of Typhus Fever is about to be discussed by you, since there are some points of practical importance about which I know there is some difference of opinion; for instance, Is it right to give a patient that for which he particularly craves, it being at the same time, *abstractedly*, so far as we can judge, *unsuitable*? I would just remark, in passing, that I have again and again refused it, but afterwards had cause to repent having done so; the vexation and disappointment to the patient having produced worse effects than the thing refused would have done, which very frequently after all is not touched. Again, I have allowed it, and afterwards wished I had not, though those patients were restored, and on the whole I have had far less cause to regret the

allowance than the refusal. Of course it must be understood that the thing desired has been refused again and again before being allowed.

"Then there is the question of stimulants: first, is there any stage of the disease in which stimulants may be considered as homœopathic? if so, what stage? and if not, still whether in certain stages, with our present limited knowledge, its use may not be allowable? Here I desire to speak with caution, because I fear I shall be differing from many of far greater knowledge and experience than myself; still, I can say, that I have treated a good number of cases, and many of them serious. Only a few weeks since I had two of the worst cases I ever saw, of the putrid character—two girls in one room (for they had no other), of the respective ages of 15 and 18 years. One had been under allopathic treatment 14 days before she was put under my care; both seemed utterly helpless—both had stimulants; and had they not, I believe would have died, though now perfectly recovered.

"I had, some time since, a similar case, which Mr. Trotman saw with me several times, in which no stimulants were allowed; but this was lost, and I have ever since and ever shall regret it.

"My own experience, therefore, little as it may be, is, that with discretion, especially when there is rapid tendency to decomposition, stimulants ought to be allowed.

"Then as to medicines, I would just say, that in the worst stages of the cases referred to, I found *carb. veg.*, *merc.* and *hyos.*, (the latter especially where the head was much affected), to be far more useful than *rhus. bry.*, and *ars.* Of course the last mentioned, together with others, and sometimes alone, are often sufficient.

"There is one point on which we are very liable to fail, viz., in not giving a sufficient time for the medicine to act, expecting too much in the time, and flying off to another remedy, instead of being satisfied that the right one has been chosen, and quietly waiting the result, unless the patient is hourly getting worse, then of course other remedies must be chosen."

Mr. Hering had not seen many cases of typhus fever treated homœopathically, but he could, from his experience, corroborate the observations made by Mr. Blake, respecting the cravings of patients. One case he had had was that of a gentleman who was in a very sinking state, when suddenly he took a great craving for vinegar, and in the absence of the nurse got hold of a jar of pickles, which he emptied. From that moment he rallied. In cases where the old school practitioners would administer wine and other stimulants in typhus, he had seen good results arise from the use of *arsenic.* Two young ladies who had caught the infection whilst visiting the poor, seemed on the eleventh day of the disease to be sinking rapidly; *ars.* was administered, and in 24 hours they were out of danger. There was present in them carphology and low muttering delirium.

Mr. Hands had witnessed the case of a patient apparently sinking under colliquative diarrhœa, who took a craving for bread and cheese and cyder, which he got, and rallied from that hour.

Dr. Henriques was in attendance at Athens on a child affected with dysentery. The malady, in spite of all allopathic remedies, continued to grow worse, so much so that the child's life was despaired of by the attending physicians. In this state it expressed a great desire for wine, which was at first opposed by the medical men, but as the child was evidently rapidly dying it was at length allowed. It drank a large quantity, which made it quite drunk, whereupon it fell asleep, and on awaking called for more wine, and in this way it went on for some months, taking hardly any other nourishment than wine, and continually getting better, until it was thoroughly cured. He considered that when the thing craved for was not absolutely contradicted, it was best to allow it. He had seen many cases of severe yellow fever in the West Indies cured by supplying the patients liberally with champagne, for which a craving was expressed.

Mr. Hering thought it of importance to determine whether the craving of a patient were dependent on the stomach or the brain. In typhus, as was well known, the base of the brain where lay the organ of alimentiveness was congested, and thus a false appetite was created for food, which could not be borne by the stomach; just as in some patients the brain was so acted on as to produce suicidal feelings, whilst the whole moral feeling of the patient was abhorrent to the act; he imagined that in such a case, the organ of destructiveness was morbidly affected.

Dr. Roth said, that several cases of craving for unnatural things had occurred in his own practice. One was a lady who constantly ate the wood of lead pencils, and another devoured large quantities of wax, and yet there was no chlorosis in either case. After the famine in Hungary in 1846, there had been a great amount of typhus fever. In every house in certain villages five, six, or eight cases occurred. The disease commenced with irritation of all the mucous membranes, and after showing somewhat the character of intermittent fever, passed into the typhoid state, in which the characteristic red spots appeared over the body, which in cases of great debility assumed a bluish tinge. The patients had in all cases been subjected to great privations. The remedies that had proved most successful were *hydrochloric acid*, 5 or 10 drops in 5 or 6 ounces of water, $\frac{1}{2}$ an ounce 3 or 4 times a day; also *spec.* in small doses. Applications of cold water were also found very useful. For the accompanying diarrhoea, an enema of cold water, and *merc. corr.* were successfully employed.

Dr. Dudgeon remembered reading a remarkable case of craving for unnatural things that had proved curative. A patient affected with jaundice, accompanied by dropsical symptoms, was reduced to a deplorable state, when suddenly he felt an irresistible inclination to drink his own urine, which he did by swallowing the contents of his chamber utensil, and the disease which had resisted all medical treatment, was rapidly cured by this novel remedy. It was important in discussing the treatment of this disease, to determine the precise character of the disease commonly understood by the term typhus; especially as he believed that several distinct fevers were sometimes confounded under this appellation. The subject of

typhus had recently attracted much attention, both here and abroad, and many treatises had been written to prove the identity or non-identity of the continued fever of this country and that of France and Germany. In his opinion one of the best of these was an essay by Dr. Jenner, in the last vol. of the *Med. Chir. Transactions*, in which the author shewed that three distinct species had been confounded under the same term. The most frequent fever in this country, denominated by him *typhus fever*, was almost invariably accompanied by an eruption, that appeared from the 5th to the 7th day, consisting of distinct spots at first, slightly elevated, and of a dusky pink hue, resembling stains of mulberry juice, varying in size from a mere point to a couple of lines in diameter, which, as the disease advanced, assumed a darker colour, lost their elevated appearance, and sometimes passed into petechiæ; they lasted until the termination of the disease. Accompanying these spots was a subcuticular rash, consisting of pale dusky red spots, running into each other, and like the distinct spots deepest in colour at the most dependent parts of the body; these generally appeared some days after the distinct spots. This form was unaccompanied by any change in the peyerian or mesenteric glands, and seemed to be of rare occurrence on the continent. Next in point of frequency, was what Dr. J. termed *typhoid fever*, which was characterized by an eruption, appearing from the 7th to the 12th day, consisting of circular bright rose coloured spots, shading off towards their circumference. They were about 2 lines in diameter, slightly elevated, few in number, and each spot lasted only from 2 to 6 days, but were always succeeded by fresh spots, until the 21st or 28th day of the disease. In all the fatal cases the peyerian and mesenteric glands were found to be affected. This was the form most frequently met with on the continent, where it was termed *febris nervosa*, or *typhus abdominalis*. The third variety was termed by Dr. Jenner *relapsing fever*; this was unaccompanied by any eruption, but was distinguished by gastric and hepatic derangement. On or about the 7th day, profuse perspiration ensued, followed by apparent recovery, but from 5 to 8 days afterwards the affection returned, terminating as before in profuse sweat, and permanent convalescence. The two first mentioned forms of fever only, belonged, he thought, to the subject of their discussion, and though there was little doubt, from Dr. Jenner's and others' observations, that they were distinct affections, they presented many points in common, both being accompanied by a rash, both occurring, with rare exceptions, but once in a lifetime, and neither being liable to relapse. The general febrile symptoms accompanying both too, rendered them amenable to a very analagous medicinal treatment. He believed that the disease was not capable of being cut short by any mode of treatment, but that much might be done to mitigate the severity of its stages, and lead it to a favorable termination; though after all it was often a most intractable and fatal malady. As regarded remedies, it was well known that Fleischmann regarded arsenicum as almost specific, and that remedy seemed to corres-

pond in its pathogenesis to the form usually met with on the continent, though it was not so well indicated for the commonest variety in this country. A good deal had been written relative to the analogy of the effects of arsenic with the continental variety of typhus; he would refer the Society especially to the articles by Hausmann, Wurmb, and Watzke, in the *Austrian Homœopathic Journal*. Whilst in Vienna Dr. Dudgeon had followed with much attention the treatment of typhus by Fleischmann, in the Hospital there, an abstract of which he would offer to them, premising that the remedy first selected was rarely, if ever, changed throughout the whole course of the disease, which slovenly treatment in a disease which usually required much careful watching and a frequent change of medicines, accounted in his opinion for the very indifferent success met with in the treatment of typhus by Dr. Fleischmann. If the disease came under treatment in an early stage, and there were frequent, watery, greenish stools, *ac. phos.* 3 dec. was given. If it was already in a more advanced stage, and there were present confusion, heaviness and giddiness, brownish crusts on the nostrils, lips and teeth, dry and parched tongue, great debility, *ars.* 6 or 3 dec. was given. If symptoms of colliquation occurred, *carb. veg.* 2 dec. was given, alternately with the last remedy. *Phos.* 3 was given alternately with *carb. veg.* in supervening bronchitis or pneumonia, when the expectoration was tinged with blood, or when it was gelatinous or viscid. Cough in typhus fever was treated with *sulph.* if dry and troublesome; with *conium* if principally at night; with *senega* if the expectoration was great but difficult to bring up. When there was constant trembling and vociferation, *stram.* was given. In constant delirium, *bellad.* In excessive weakness and exhaustion, *chin.* When headache and singing in the ears were prominent symptoms, *bryon.* Dr. Dudgeon then read an analysis of 28 cases of typhus he had watched day by day at the Vienna Hospital, illustrative of these and other points of Fleischmann's practice. The papers of Dr. Wolf on typhus, the first of which had been published in the October No. of the *Brit. Jour. of Hom.*, he considered to be among the most valuable that had yet appeared on the subject, and he had had occasion to verify his statements, especially regarding the efficacy of *bryonia*, where the delirium was of the peculiar character described by Dr. Wolf. He believed that a most important point in the treatment of typhus, was the administration of stimulants, such as wine or diluted spirits, in cases of great sinking of the strength, accompanied with trembling and low muttering delirium, from which he had observed excellent effects in his allopathic practice, and which he should be sorry to abandon as an auxiliary to homœopathic treatment, if indeed they were not the true homœopathic remedy for that state, which bore considerable resemblance to the effects of excessive indulgence in alcoholic drinks. Another not less important point was, to know when and how to feed typhus patients. It often happened that they expressed themselves extremely hungry, even before the subsidence of the febrile state, but this was in many cases a false

appetite, which might be humoured by offering the patient small quantities of arrow-root, or other innocuous nutriment, a single spoonful of which would often satisfy the patient that such was the case. He had, however, sometimes found that food could be borne and do good, when from the state of the tongue, &c., we would hardly have expected it could have been borne; and consequently he thought that we might in most cases cautiously experiment with small quantities of food. A great desire was often expressed for oranges, grapes, and similar refreshing things, and he did not believe that their moderate allowance would do so much harm as would result from obstinately refusing them. Throughout the whole course of the disease sponging the body with tepid water was very grateful to the patient, and often very beneficial.

Tenth Ordinary Meeting, 19th Nov. 1850.—A very interesting paper was read by Dr. Roth "On the treatment of diseases by Ling's System of Movements."

The members of the Society were invited on a subsequent evening to a practical demonstration of this new system by Professor Georgii, which was well attended, and excited great interest.

Eleventh Ordinary Meeting, 3rd December, 1850.—The discussion on Typhus was resumed by—

Dr. Fischer, who mentioned that he had attended a case of fever in a man aged 75, who seemed fast sinking, but having been left by his attendant, he got out of bed and drank a bottle of small beer, which seemed to have the effect of producing a favorable turn in his disease. He had recently treated successfully a severe case of typhus in a young man of 21; the chief remedies given were *carb. v.* and *ars.*

Mr. Wilson said, it was a common practice of Dr. Elliotson to gratify the longings of patients in typhus, and he had witnessed many severe cases in which porter had been allowed with very good results. As instances of the good effects of certain usually indigestible articles in certain cases, he mentioned the case of a lady affected with disease of the heart and liver, who was subject to severe attacks which seemed to bring her to the point of death, and during which she craved for lobster salad; if this was given her she rallied completely in two hours, but if it was withheld she continued ill for 24 hours. Another case was that of a clergyman, very subject to asthma, who was always able to preach comfortably if he previously swallowed a mixture of cocoa, milk and pork-fat, but neither of these articles separately did the least good.

Dr. Chapman said, that a French physician having observed once in one of our hospitals a case of typhus where a red herring was given with good effect, at the earnest solicitation of the patient, on his return to his own country he gave it out that the English physicians treated typhus with red herrings, and having found it unsuccessful in his own practice, he ascribed the difference of result to the difference of the French and English constitution. He (Dr. C.) when in South America had had the colonial fever

several times, during which he always took longings for extraordinary articles of food, such as salt fish, negro-dishes, &c. and he always gratified these longings with a good result. An old Scotch doctor in the colony had a patient very ill of yellow fever, on leaving whom one day he said, "tak tent;" the nurse thinking he alluded to the wine sent, gave the patient a bottle of it, and this speedily restored him to health.

Mr. Frith had seen a man in India affected with fever who was supposed to be dying by his medical attendants, rapidly recover after drinking a bottle of beer.

Dr. Epps said, that it was impossible to infer from allopathic experience what was right in the homœopathic treatment of typhus, for from the debilitating medicines employed by allopaths, their patients required stimulants and food to supply the waste of the pabulum. He had often observed in homœopathic treatment that the tongue might be cleaning, the delirium subsiding, the eye brightening, as long as nothing but water was given, but that a small quantity of food would often immediately bring back all the bad symptoms.

Dr. Dudgeon observed, that the best allopathic physicians did not now usually give debilitating medicines, indeed many gave no medicines at all, and yet they observed that in certain stages stimulants did much good. He believed that there might be and generally was a great waste of the pabulum in that disease independent of the use of debilitating medicines, by diarrhoea and other exhausting evacuations, and that such cases imperatively demanded the use of stimulants and nutriment.

Dr. Chapman believed that no general rule could be laid down respecting the employment of stimulants in typhus, for out of 100 cases 90 might get well without them and 10 would require them. He had treated many cases of the famine fever in Liverpool, and had found the use of stimulants attended in many cases with good results. In the case of a woman he had attended along with Dr. Drysdale, who had low muttering delirium, scordes on the teeth, dry tongue, suffused countenance, and a large sloughing bed-sore, and was apparently dying, it was ascertained that previous to the fever she had been in the habit of taking a great deal of opium; they gave her now laudanum and brandy in small quantities, together with small supplies of food and she recovered. Another case was that of a boy of 14, who seemed to be sinking as long as he got only toast-water; wine and water were given and he was cured. Hahnemann, on being applied to by a person accustomed to drink a bottle of wine a-day, did not compel him to leave off wine all at once but recommended him to decrease the quantity gradually. A gentleman, who had been accustomed to drink deeply, became affected with ascites which threatened to suffocate him and rendered it necessary to tap him several times, as the homœopathic remedies seemed to have no effect on his disease. Gin was then given repeatedly, and the abdomen did not re-fill, and the gentleman recovered.

Dr. Henriques mentioned the case of a child in whom typhoid symp-

toms, convulsions, and a comatose state supervened in hooping cough. Small quantities of diluted brandy and subsequently sherry were given, the child revived, was able to partake of and retain nourishment, and it was now well. He believed that no general rule could be laid down respecting the administration of stimulants in typhoid diseases, much depended on the character of the epidemic. Thus, in Constantinople the plague was always treated on the expectant system, and one year every case would die, whereas in another season almost all would recover, though the symptoms of both epidemics did not differ except in intensity.

Mr. Wilson said, great difficulty was often experienced in homœopathy in bringing about reaction in some debilitating diseases, but he believed that the accurately selected homœopathic remedy would in most cases effect it. He had several times seen cases of diarrhoea slipping through his fingers in spite of what he conceived to be the best selected remedies; in such cases, the administration of a dose of *opium* often rendered the patients susceptible to the remedies that were previously of no avail. The same result was often obtained by *phos. ac.*

Dr. Epps considered that in such cases we did not deviate from the homœopathic law, as *opium* and *phos. ac.* were strictly homœopathic to them. Reaction was a term much abused, our object was in every case to free the system from something that impeded the healthy vital functions. The great difficulty in selecting remedies was to discover the concomitant affections of particular states; thus, *puls.* produced both diarrhoea and constipation, but for successful practice we required to know what were the peculiar concomitant symptoms of the diarrhoea, what those of the constipation.

Dr. Dudgeon agreed with Dr. Epps that it was very important to know the symptoms of remedies in their natural connexions, but it was next to impossible to learn these from Hahnemann's provings, as he had destroyed all their connexions by cutting the symptoms up into his schema, and though Hahnemann himself, from having proved the medicines on himself and superintended the provings of others, might and must have had a good notion of the connexions of symptoms, yet for us there was nothing but to do as Hahnemann had done and as the Austrian Society were doing, prove the medicines over again, taking care however to preserve the records of the provings in their natural connexions. He thought this was a subject well worth the attention of the Society, and he trusted that among them would be found many who would be willing to assist in the great work of proving medicines, or rather of re-proving some of those that had been already proved.

Mr. Holland and the Poor-Law Board.

Mr. Holland, surgeon to a district in the Honiton Poor-law Union, while practising according to use and wont some ten years ago, had a visit from the late Dr. Dunsford, who convinced him that homœopathy

was the preferable mode. After studying the new system for two years, he began to apply it to practice, and among the other patients to whom he administered this kind of medicine, were the poor under his peculiar care ; he did so unhindered for eight years, and in that time there were no complaints from those who had alone the right to complain. That the sick poor should get tasteless physic, and get well too, did not please a Quixotic baronet who lived in the neighbourhood—and he, (to borrow a line from a covenanters' epitaph in Ayrshire, which refers to the persecuting Dalziel) "Moved by the devil and the laird of Lee," contrived to get the local poor board to petition the autocratic triumvirate, who hold in their hands the weal and woe of the thousand parishes in unfortunate England. The triumvirate spoke laconically and oracularly, and their deliverance was—that if Mr. Holland bound himself to practice exclusively a system ignored by the College of Physicians, they could not sanction his continuance in office. This led to a correspondence: Mr. Holland wrote many letters, full of facts and arguments, to all which the board replied in its dry official tone, that homœopathy might be true or might not be true, but that it was not recognised by the authorities. As a well read gentleman used to say when he heard anything strange to him, "it may be true, or it may not be true; I don't know; but I do know it is neither in Roderic Random nor the Gentleman's Magazine." So Mr. Holland was in a fix—was he to deliver over all his poor to the lancet and the drug bottle by resigning, or to gulp the bitter but noxious pill of the poor-law Cerberus? He chose the latter, and said, that if any pauper wished allopathic treatment, he could have it at his hands—and no doubt smiled at the improbability of such an event—for eight years in which he had treated 1710 persons, no such case had happened, nor, he may be pretty sure, will it for the next eighty, by which time the conservative baronet will probably be gathered to his fathers, and Pharaoh, his son, reign in his stead; so let us rejoice that the integrity of the glorious British Constitution, and the liberty of the subject have both been maintained at Honiton, and long may the *union jack* float above the poor-house!

BOOKS RECEIVED.

The Homœopathic Medical Dictionary and Home Guide: by A. HENRIQUES, Physician to the Spanish Embassy. London, Headland, 1850.

Short Directions in cases of Accidents, Poisoning, and Sudden Illness: by CHAS. COBBE, M.R.C.S.

Homœopathy made clear to the British People. London: Headland, 1850. [To make Homœopathy clear to others, it is essential that a writer should clearly understand it himself, which we are sorry to say the author of this work, who seems to be a non-professional dilettante, does not.—EDS.]

POSTSCRIPT.—The length to which one of the papers in this Number extends, prevents us inserting much valuable matter, which we accordingly keep for our April Number.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

ON PSORA.

BY DR. J. RUTHERFURD RUSSELL.

IF our readers are interested in the relation of pathology to homœopathy, we must beg of them, before reading this article, to glance over one which appeared two years ago in the sixth Volume of this Journal, entitled, "What is Psora?" and afterwards to peruse the first few pages of the article on Pneumonia, in our last Number; and it might be well also to look over Dr. Scott's Essay; for they will find that the further we advance in our speculations upon the different phases of relation between homœopathy and pathology, the more do we recede from the fundamental proposition of that thoughtful and learned writer. In the article upon Pneumonia, we insisted upon the absolute necessity of some pathology for every successful practitioner of physic, and in this article we propose to discuss certain specific pathological doctrines as they bear upon homœopathy.

Our readers will probably find much to startle them in the views we express, and we should be very sorry that they were regarded as anything like a deliverance upon this most important and extensive question; all we hope is, that they may stimulate thought in the right direction, and do something towards rescuing us from settling upon our lees, and indolently deluding ourselves with the belief, that every thing having been done for

us in the way of thinking by our great teacher, we have nothing to do but pore with passive attention over his volumes, and follow sheepishly his foot-prints in order to attain the full fruits of his discovery.

It is much better to think wrong than not to think at all,—for to use the words of Sir J. Mackintosh, “from the collision of error and the active spirit which generates hypothesis truth may eventually arise; but a confident and indolent scepticism must be for ever stationary.” Let us then adopt the motto of an ancient and honourable house, and “think on,” confident that all true thought ends in good action. We have said this much because Hahnemann has been more taunted with being a man of speculation in relation to his doctrine of psora than from any other point of view, and we think that great thought and great action are so intimately connected, that had he not been the most laborious man of his day, he never would have propounded his theory of psora,—and had he not been one of the most thoughtful men, he never would have been so successful a physician,

“Reaping rich harvest from the mellow soil
Of quiet thought—the mother of great deeds.”—*Æschylus*.

The doctrine of psora brings us at once into the relation of pathology to homœopathy, and we propose to consider the bearing of the latter to the three great natural pathological groups, which appear to us to include every form of disease.

1st. Diseases which have no specific origin; may or may not run a definite course; may or may not terminate spontaneously; do not primarily affect the whole constitution. Into this group fall all the pure inflammations, and most acute diseases.

2nd. Those which have a specific origin, run a definite course, and come to a certain termination. Into this group fall small-pox, measles, scarlet fever, &c.

3rd. Those which may or may not have a specific origin, which may or may not run a definite course, and which do not tend to spontaneous termination; which primarily affect the whole constitution, and secondarily affect all the morbid actions to which it is liable, as syphilis, scrophula, &c.

The first group need not detain us long. The position which

was laid down and so copiously illustrated in the article on pneumonia, seems all that requires to be said upon the matter; viz. that the speed and certainty of a cure of any acute disease is in the inverse ratio of the extent of the lesion, and the direct ratio of the amount of expression of the changes. In neuralgia for example, we have the minimum of derangement of structure and the maximum of sensation; because the parts are in the most concentrated form, and are the seat of sensibility, and of no disease is the cure so quick, perfect and permanent as of some cases of idiopathic "*tic douloureux*."

The reason of our success in such cases is obvious: in all the "*algias*" as the name implies, the pain is the disease. Morbid anatomy gives no additional information. The whole disease is expressed in its most exaggerated form by the sufferings. All we have to do is to find out a similar picture of pains in some of the observed effects of a drug, and as certainly as a wave of sound, when rolling along its aerial course, is brought to rest and silence by meeting with one exactly equal and similar proceeding in an opposite direction, so certainly will the entire flame of pain, though it may have been burning for years, be extinguished for ever by the application of the specific remedy.

The further we recede from this point, that is the larger the lesion and the smaller its expression, the more difficult and tedious, though not necessarily the less certain, will be the treatment of the disease.

Most of the diseases of the second group affect the system only once in the life time of an individual. A person is born with a certain limited specific susceptibility to certain forms of morbid action. A single attack of the specific disease burns out all the combustible material: measles, for example, seldom occur twice. One is tempted to look upon this class of diseases as being very like parasites in their nature. Parasites requiring a peculiar pabulum, and that each person at his birth has so much measles-fodder in his body, when he takes measles, or rather when measles take him, they consume the whole of this pabulum, or fodder: fresh measles coming find nothing in him to feed on. But how do they come to him? It seems a true process of impregnation and generation. The moment of infection is the

moment of conception. A measles ovum is deposited in the lungs; it there lies dormant, dead, as the million seeds with which all nature teems, yet with the power of life, "aptitude à vivre" of the French physiologists in it. If this measles-ovum afterwards meet with the requisite conditions it grows into measles, if not, it perishes. This view points to the possibility of preventing diseases which from their nature may be insusceptible of cure. Is homœopathic treatment of small-pox to be compared for a moment with the benefits of vaccination? Is there the homœopathist alive who would not have his child vaccinated? But we are met with the retort that vaccination is homœopathic, and we find vaccine matter recommended as an antidote to small-pox. Now we have positive proof that vaccination cannot even check the development of small-pox in its latent stage. The following case occurred in the practice of Professor Henderson, who kindly communicated it to us. He was called to see a child: found his little patient with the first vesicles of small-pox upon his face; the disease ran its ordinary course, and turned out a very bad case of confluent small-pox. *On the arm of the child, the day Dr. Henderson saw it, was the scab of the vaccine pustule eight days after it had been vaccinated.* A fortnight previous to Dr. Henderson's visit, that is, six days before vaccination, it was exposed to small-pox infection.* What is the rationale of this? The child had been impregnated with small-pox, and a small-pox ovum had been deposited; it was lying dormant when the child was vaccinated, and was not destroyed by the vaccinum; then it germinated, multiplied, ran its loathesome course, and died. This case seems to us to teach volumes. Is it only by similar

* A similar case was communicated to me a few days since. It occurred in a young lady who was at a boarding school in London. Her parents, who resided in the country, having small-pox in their neighbourhood, and in their house, wished that their daughter in London should be protected against that disease by re-vaccination; they accordingly sent some vaccine in a letter to her. With this she was vaccinated. The cow-pox ran its natural course, but immediately on its decline she was affected with small-pox, which, though modified, was pretty severe. As there was no small-pox in her neighbourhood at the time, it is possible that the letter which conveyed the vaccine, carried also the virus that gave her the small-pox. (R. E. D.)

morbid animal poisons that we can anticipate and prevent a disease, or will ordinary medicines do it? The only experiments on this important subject that we are aware of having been made are those of Dr. Lichtenstein,* who writes thus of "Tartar-emetic pustule. The clear lymph of the pustules which arise from the external application of Tartarate of Antimony produce inoculation pustules, which are quite indistinguishable from those produced by vaccination. They seem to give the same protection to cow-pox and small-pox, to excite fresh pustules by inoculation, and in general in other respects to be analogous to cow-pox. The first experiment I made with them was in the summer of 1836, but as I never heard of any similar ones I was diffident (misstreulich) about them, as those so-called local pocks appeared to me analogous only in their form with cow-pox. Up to this time I have made thirty-one vaccinations and re-vaccinations with lymph of Tartar-emetic pustules, and I have found them in all their relations analogous with cow-pox lymph." Dr. Lichtenstein promises further details in a work he was preparing in 1841, entitled, "Studien und Kritiken über Pocken:" we are not aware of its publication. If the statements here made be verified, and come to be looked upon as established facts, we should consider them of momentous value. They show that the diseases which are most deadly, and most intractable, may be entirely prevented by perfectly harmless drugs. As Belladonna prevents or modifies some forms of scarlet-fever, and they seem to point to a deeper law of medicinal action than expressed in the homœopathic formula.

The prevention of a disease is a different thing from its cure. And so we sum up what we have to say on this group with the observation that it seems we are formed with a certain quantity of peccable matter in our bodies; that to remove this we must pass through certain processes, which may be compared to annealing us; that naturally this peccable matter is consumed by a fierce process of eruptive fever, which endangers life in some cases, and deforms beauty in others; that the effort of

* Of Brunswick. 92nd Vol. of Hufeland's Journal, p. 76 et seq.

the healing art should be directed to remove this material without incurring danger of death or disfigurement,—that this is to be done by discovering agencies which bear the same relation to those diseases, such as measles, &c., as cow-pox does to small-pox, or Belladonna to scarlet-fever; but that until we can discover such remedial preservatives we can expect little success in our treatment proper of this class of diseases; and that our attention should be directed to the intercurrent affections which are apt to arise in the course of the exanthemata, and to the most judicious hygienic treatment of the morbid process itself.

The second pathological group includes the diseases which correspond with those of psoric origin, according to Hahnemann.

If we consider the varieties of the human family that now exist—varieties so differing from one another that many physiologists can scarcely be brought to admit that they all had a common origin; and when we reflect that the differences they present are probably all due to the physical agents which have acted on them, and that the same physical agents are now in operation, but do not seem adequate to produce so great results, we are apt to imagine that there was a period in the history of our race when the type, so to speak, was more malleable, and at this time new varieties were given off which became stereotyped by the continuance of the physical and moral influences from which they had originated. Take for example the negro race: this is a degraded type. It is found that in three generations English paupers begin to assume all its peculiarities except colour.* Can this type ever reassume its original Adamic purity by means of cultivation? we believe not. A negro is physically as perfect as a white man, we cannot improve him by education into a higher typical development. The type must be broken up; that is, he must intermarry with a higher race, and the common offspring seem to possess many of the excellences of both. So that a moderate infusion of black blood may increase both the physical and intellectual greatness of the best race. The power of physical agents in producing

* See an article in a recent Volume of the *Edinburgh Review*, ascribed to a learned writer on physiology.

disease, is also even yet enormous. For instance, goitre and cretenism are known only in special localities, and are cured by taking their victims at a sufficiently early age to an altitude greater than 4000 feet above the level of the sea.* But negroes could never be blanched by any number of polar expeditions; these two facts suggest this inference, that certain changes in our system, induced by external agents, affect the individual only, and others affect also his descendants. Now it is highly probable that a combination of physical influences may have induced in the animal frame the generation of specific poisons, which once entering into combination with the system may be considered as permanently degrading its type, as much as other direct influences did that of the negro. In fact such *must* have been the origin of all specific poisons, and we see an example of it in hydrophobia.† Let us further observe that these specific poisons are transmutable. Syphilis begets scrophula, and were it not that, mercifully to the race, scrophula tends to death in many directions, the effects of this primary source of evil would be overwhelming. Thus immorality is the great parent of disease. It is the old generation: "Lust when she hath conceived bringeth forth sin, and sin bringeth forth death."

* See a notice of Dr. Guggenbühl's hospital for infant cretina.

† As this was passing through the press, the following observation fell under our notice which bears out what we have stated: "A healthy child, the daughter of a friend of mine, scratched her nose with a blunt nail. The wound inflamed and subsequently festered, and in several days after the face, forehead, and at a later period the trunk became more or less covered with an eruption somewhat resembling ecthyma. The child got well in a fortnight under the local application of soothing remedies and the internal use of lime-water with milk, which was given to obviate a looseness of the bowels that followed the appearance of the eruption. It is curious that the matter from the pustules infected three of her little nursery playfellows. As soon as this fact was noticed, the children were separated from each other, and the nascent pustules were checked in their progress by applying a weak solution of nitrate of silver. They all recovered. The case is interesting as affording an additional proof not only that an injury may cause the human body to manufacture a poison capable of infecting the constitution of the individual, but that the matter so formed may be capable of infecting by contact other persons."—(Dr. Graves, *Dublin Journal*, Feb. 1851, p. 15.)

Syphilis begets scrophula, and what a progeny has scrophula : insanity of mind and every conceivable deformity of body.*

Is there not something grand in generalizing all these various poisons, and embodying the idea in a single word—psora? We hear it continually said, there is nothing new in all this; that so far as it is true all physicians have recognised constitutional taints, &c. The novelty lies here: the others all saw the effects, Hahnemann alone saw the cause. It is not mere vague tainted constitutions. According to him there is a specific poison at work, incorporated with the system, preventing its proper growth and degrading it, and here is the all essential difference between Hahnemann and others—this specific poison demands a specific antidote. If there be a psora there must be an anti-psora; change of air will no more cure syphilis than it will Europeanize a negro—we must give an anti-syphilitic medicine.

* The transmission of guilt and its various punishments through successive generations, is an idea which runs much more prominently through the writings of the ancients, especially the Hebrew and Greek, than through those of the moderns. We may select one passage out of many which occurs in the Agamemnon of Æschylus, and we take the advantage of the elegant translation of Professor Blackie.

'T was said of old and 't is said to-day,
That wealth to prosperous stature grown,
Begets a birth of its own;
That a surfeit of evil by good is prepared,
And sons must bear what allotment of woe
Their Sires are spared.

But this I rebel to believe; I know
That impious deeds conspire
To beget an offspring of impious deeds,
Too like their ugly Sire.
But whose is just, though his wealth like a river
Flow down, shall be scathless; his house shall rejoice
In an offspring of beauty for ever.

The heart of the haughty delights to beget
A haughty heart. *From time to time*
In children's children recurrent appears
The ancestral crime.

And we may add the punishment, "Our fathers have eaten sour grapes, and the children's teeth are set on edge."

We have spoken recently of the latency of disease, a curious fact, but having many analogies in nature; but a still more perplexing fact is how poisons lie buried in the constitution, not latent and not manifest, but as it were holding a sort of middle position, affecting the health generally but not demonstrating their presence by any of their peculiar or specific manifestations. For example, the following curious case has been kindly communicated to us by Dr. Gully, "with regard to the case about which you enquire, the facts are as follow:

"Mr. L., 37 years old, came under my care in January, 1849, with numerous symptoms of visceral disorder and dilapidation, bad sleep, little appetite, foetid mouth, foetid odour from the skin and of the urine, contracted abdomen, pains of limbs, intense boring pains of the scalp, ashy complexion, great emaciation, restlessness of mind and limb, but very little strength. He had been suffering from more or less of these signs for nearly ten years, and as he expressed it, 'had steadily gone down hill do what he would.' It appeared that just ten years before he had contracted syphilis slightly, so the surgeon told him. To get rid of this mercury was employed, and although a very small chancre which he had soon healed, this enlightened surgeon would not be contented until he had made his patient's gums sore. Accordingly he dosed him with blue pill and calomel, finally with corrosive sublimate of mercury; at the same time rubbing mercurial ointment into every pore of his skin and even introducing mercurial vapour into the same pores. All this failed to affect the gums; partly I believe because during all this process the patient was directed to eat heartily and drink beer and wine *ad libitum*. The patient finding the sore nearly healed at length made up his mind to take himself out of this treatment, dismissed his attendant, and went to his occupations with that within him which sapped his health for ten long years. It was not difficult for me to arrive at the conclusion that the wreck which I beheld was traceable to the frightful abuse of mercury above mentioned, though an allopath could not comprehend how that should be, nor did the patient at all suspect it.

"I need not detail the water treatment which Mr. L. underwent. The effect of it was first, to improve sleep, and next the appetite, which became great. Under the influence of the increased organic strength obtained from these two sources, a third and very curious effect was produced. In the fifth week of treatment he complained

of 'blind boils' on the shoulders and back; on inspection I found these to be very ill-looking mercurial rupia, black and horny. They multiplied and even appeared on the chin and forehead, one in the latter locality standing out two thirds of an inch. They produced great constitutional irritation, but his appetite never failed. In the seventh week of treatment, however, he was obliged to gratify this last with slops and broths; for suddenly his gums inflamed, swelled, and immense discharge of viscid saliva constantly flowed from his mouth, having the strong unmistakeable mercurial odour. This state of gums came to such a point that all the teeth were loosened, and two of them cast out altogether. Simultaneously with this, night sweatings came on (he never having been able during ten years to produce perspiration by exercise or hot baths) were most profuse, and blackened silver. At this point, in short, he exhibited all the signs of excessive mercurial action, and considered himself worse than he had ever been. I doubt not that at that moment he thought more highly of him who had crammed him with mercury than of me who was delivering him from it.

"The salivation continued for a fortnight excessively, and for another week mildly. The rupia tubercles fell off one after another, and the patient quitted Malvern in the 14th week of his treatment, weak as regarded his limbs, but a very much stronger man as regarded his viscera, in which there can be no question that the mercurial poison had been lurking for years, deteriorating the nutrition and the sensation of the entire organism.

"I have had two other cognate cases, but not so strongly marked as the above. To one the poison had been administered by an apothecary 20 months previous to its exhibition in the shape of salivation, and in the other the patient had dosed himself with it two years before."

It is not our business to enquire where the Mercury lodged all the time. It is enough for our purpose to notice that it was in the system as a corrupting force *requiring an antidote*.

Could such a man have been cured by globules before the Mercury was removed or antagonised? we think not. What the Mercury was to him psora is to others, a poison of every variety of kind, but requiring in every form its own specific antagonist.

Thus in treating any disease in a psoric individual, we must

give the remedy homœopathic to that form of disease, *plus* an antidote to the psora in the constitution. Hence the necessity of a long list of anti-psorics, and it is only by such antidotes given simultaneously with the specific proper to the superimposed affection that the latter can be cured; and it is most interesting to find that the conclusions of Hahnemann, who spent all his life in treating the living and scarcely ever assisted at a dissection, are confirmed by Professor Rokitansky, the greatest of living pathologists, who has spent his life in dissecting the dead and scarcely ever treated a patient. In speaking of the cure of phthisis, he says: "For pulmonary consumption—the tuberculous pulmonary ulcer—can only heal after the general disease, and along with it the local process which gives rise to the ulcer *has been eradicated*. Under these conditions the pulmonary ulcer does really heal in several ways, as established incontrovertible facts." *

We ought not therefore to regard phthisis, scrofula, cancer, and the whole of this third pathological group of diseases arresting one another as beyond the resources of our art, but should strenuously endeavour to apply the anti-psoric remedies to the best of our ability, knowing that the improvement which we have to expect from their skilful application may show itself only at a very remote date, but that its importance, both to the individual and race, is commensurate with the difficulty of its attainment, and tediousness of its application. Hahnemann is said to have refused some cases unless the patient promised to give themselves up faithfully for five or six years to his entire management.

But is the anti-psoric treatment homœopathic? that is, do the various anti-psoric remedies act by directly antagonising the morbid state of the system, or do they act by inducing such a state of the constitution as prevents the continuance of the unhealthy actions? This is a question we shall not venture to answer positively, all we shall do is to show that certain morbid conditions are incompatible with certain others; that as one kind set in the others are gradually forced back, as our American friends *improve* the Indians off the face of the earth,

* Fletcher's Elements of General Pathology, note to page 227.

and this not by a direct antagonism, but by the frame being rendered unfit for their residence. The fact that certain diseases excluded certain others had been vaguely surmised or dogmatically asserted by various writers, but until Professor Rokitansky, of Vienna, published a paper on the subject, in the *Austrian Journal*, it never attained anything like scientific precision or certainty; we shall here quote the substance of that paper as it is given in *Fletcher's Pathology*.

“From the earliest times a vague idea has prevailed that two diseases could not co-exist in the system. This opinion was thus far modified by John Hunter, who says, that ‘no two actions from two different morbid poisons can go on together at the same time, in the same part of the same constitution.’ Later observations, while they have shown this statement as expressing a general law, to be erroneous, have at the same time indicated that certain diseases exert upon others an opposing influence in the way of the one arresting the course, or modifying the nature of the other. For example, measles and small-pox have been observed to suspend, or otherwise modify the course of each other, by Pinel, Willan, Bateman, De Haen, Vogel, Horn, and McBride. Hooping-cough sometimes suspends an attack of the small-pox, measles and scarlet-fever. Hooping-cough is frequently cured by vaccination. It is sometimes also cured by small-pox and measles. Vaccinia may suspend, or in its turn be suspended by scarlatina. The plague was arrested by the prevalence of small-pox, but broke out again on its disappearance, according to Banon Larrey. It has been also observed that some diseases appeared to give immunity to others, as for example, according to the last named author, those affected with the scurvy, and those affected with syphilis, were never attacked by the plague when it prevailed where they were. But these and other isolated facts are not of sufficiently definite character to have attracted much attention, and it remained for Professor Rokitansky, whose unequalled opportunities of observation and acknowledged accuracy, create the most perfect confidence in his investigations, to put this matter wholly in a new light, by establishing from an amount of cases that renders fallacy in the result almost impossible, that certain diseases never co-exist, as the presence of the one arrests the progress, or prevents the occurrence of the other. We

subjoin a sketch of the observations upon which his conclusions are based.

TYPHUS AND PUERPERAL FEVER.

The typhus abdominalis *i. e.*, with formation of the characteristic typhous matter, and which by Rokitansky is always understood under the name of typhus, is excluded by the various forms of puerperal fever. In 200 dissections of puerperal fever he did not find one complication of the typhous process. This immunity from typhus is given by the pregnant state, child-bed, and even though in a less degree by suckling. In a very large number of cases, only three of ileo-typhus occurred in the puerperal state. In suckling women the immunity is less, and diminishes still more at the end of the usual involution period of the uterus, *i. e.*, about the sixth or seventh week after delivery.

TYPHUS AND CHOLERA.

Before the breaking out of the great cholera epidemics in Vienna, especially that of 1831, typhus fever prevailed to a most unusual extent; but it was observed that as the cholera approached, the formation of the typhous matter was gradually diminished, while the fever ran a very tedious course attended with copious sweats, and protracted comatose symptoms; and the formation of the typhous matter in the mucous membrane of the intestinal canal was gradually diminished. There was only a trifling amount of typhous deposit in the mucous and sub-mucous cellular tissue, along with numerous small extravasations. This deposit remained either in its crude state, or instead of being rapidly softened and thrown off, was partially re-absorbed, or the whole process was confined to a congested state of the vessels of the mucous membrane, a venous stagnation in the mesenteric glands and other parts, and a copious secretion of a yellow gelatinous fluid from the inner surface of the mucous membrane, indicating that the disease was cut short in its congestive stage. When such was the character of the *genus epidemicus* the cholera made its appearance, and the typhus abdominalis ceased altogether, or appeared only in rare and isolated cases of the above-mentioned character.

Notwithstanding the apparent affinity of the two diseases, the true cholera never associated itself with the typhus, and still less was there a process developed out of the two which could be called typhoid. The so-called cholera typhus as is well known, had no essential resemblance to the proper typhus.

TYPHUS, DYSENTERY AND CHOLERA.

Although during the prevalence of typhus occasional cases of dysentery have occurred, and *vice versa*, yet Rokitansky has never seen, in an individual affected with typhus, the slightest trace of the dysenteric process; and as the changes in the intestinal mucous membrane in dysentery never bear the least resemblance to those in the same part in typhus, he concludes that these two diseases have the power of mutual exclusion. On the other hand, he has met with many examples of dysentery in cases of cholera; and also has occasionally found, in patients who have died in the stage of re-action of cholera, dysenteric softening of the mucous membrane and abrasion of the epithelium in the end of the small and in the large intestines.

TUBERCULOSIS, (*i. e.*, tubercular disease,) AND CHOLERA.

In the cholera epidemics in Vienna, it was remarked that in the very numerous dissections which were made, no case of cholera was found combined with tuberculosis; those isolated cases being fairly excepted where the disease being already in the colliquative stage, the discharge took on the character of cholera, and accelerated the death of the patient by exhaustion; and even in those cases where the symptoms indicated tubercles, the dissection showed only appearances produced by chronic bronchitis, and at most calcareous or tendinous deposition, at the apex of the lung, the result of extinguished tuberculous action. Although thus tuberculosis seemed incompatible with cholera, yet observations afforded no ground for believing that diseases of the lungs in general afforded any immunity from the disease; on the contrary, the pre-existence of various forms of disease of the larynx and bronchia was demonstrated on dissection in numerous cases of death by cholera.

TUBERCULOSIS AND TYPHUS.

The co-existence of tubercle and typhus is extremely rare, and in cases where it does occur the tuberculous action is usually found completely extinguished.

Moreover, 1st. When tubercles are met with, it is in their retro-grade stage.

2nd. In those extremely rare cases in which typhus occurs along with miliary tubercle in the lungs, the typhus process seems to be repressed in the intestinal mucous membrane, and directed towards

the lungs, and under its influence the tubercles there are rapidly hurried into softening.

When typhus occurs in a case of slightly developed tubercles, very far from giving it a favourable turn, it rather hastens the fatal issue.

3rd. In the intestines, likewise, when the typhus meets the tuberculous process, the former hurries the tubercle on to rapid softening; and in this case the form of the ulcer is determined by the typhus; but it may also happen that both characteristic forms of ulcer occur together.

4th. On the occurrence of typhus, the pre-existing bronchial catarrh which attends tuberculous vomicae takes on the typhus character, spreads over all the ramifications of the bronchia, and brings on rapid softening of the mucous membrane.

TUBERCULOSIS AND DYSENTERY.

A similar relation between dysentery and tubercle is also observed; for true dysentery very rarely occurs along with tubercles of the lungs, and never along with tubercles of the abdomen. This is the more remarkable when we consider the tendency of dysentery to combine with scirrhus and especially open cancer.

TUBERCULOSIS AND CARCINOMA.

In a series of 340 cases of cancer in its various forms, Rokitansky found that it by far the most frequently occurred in subjects which presented not the slightest trace of ever having at any time been affected with tuberculosis. It often occurred however in cases where long previously extinguished tuberculous action was found. But the cases in which the two morbid products existed simultaneously in the same individual, much more in the same organ, were extremely rare; and when this did happen, the cancerous process (commonly subsequently developed,) occurred either when the tuberculosis was in a state of spontaneous retrogression, or checked the progress of the tubercle, so that it remained stationary in the stage of development in which it was; and the more the cancer spread the more the tubercle passed into the stage of retrograde metamorphosis. Hence Rokitansky concludes, that the states of nutrition which produce carcinoma and tubercle are mutually incompatible, and the progress of either process is arrested by the other, and therefore they must be essentially opposed in their nature. On the other hand, both these processes may perfectly well occur successively in the same individual, or even in the same organ, provided the one be wholly terminated

before the occurrence of the other. Further, cancer readily admits the co-existence of an acute morbid process, which occurs only very rarely in any form, and never fully developed along with tuberculosis; viz. dysentery, a complication so common both with primary and secondary cancerous ulcers.

TUBERCULOSIS AND ALL KINDS OF SEROUS CYSTS.

These processes are never met with simultaneously in the same organ, or even in the same individual: but when one process has entirely ceased, the other may develop itself, and the formation of cysts very much more frequently follows the extinction of tubercles than *vice versa*. This is opposed to the views of Baron, Kühn and Carmichael, who describe tubercle as arising from a transmuted hydatid vesicle.

Sebastian corroborates Rokitansky's views of the subject, by observing that hydatids are never found in the human species, in the same organ as tubercle. Cruveilhier, however, mentions having met with hydatids and tubercle in different parts of the same lung.*

TUBERCULOSIS AND ANEURISM.

In 108 of Aneurism, Rokitansky has only seen five cases of tuberculosis, and in these the tubercles were confined to a very small portion of the lungs, and in their stage of retrogression: from this we learn that the two processes are incompatible with one another.†

Although these observations were made chiefly in cases of aneurism of the ascending aorta, yet in the number there were also aneurism of the brachial, crural, thyroid, hepatic, gastric, epiploic, and splenic arteries. This observation directs our attention also to the close connection of the cancerous and aneurismatic diathesis. Rokitansky, as well as others, has remarked that the development of tubercle is arrested, although the disease is not subdued by the pregnant state, as likewise by all large tumours in the abdomen.

TUBERCULOSIS AND HYPERTROPHY OF THE HEART.

In a series of 143 cases of all the different kinds of hypertrophy of the heart, Rokitansky did not once meet with tubercle in an active state, and only fifteen presented traces of long completely extinguished

* See article *Acephalocystes*, in *Dict. de Med. et de Chirurg.*

† The average number of deaths in Vienna from tubercular consumption is one *third* of the whole population, although many more probably are affected with tubercle. At this average 38 out of the 108 cases of aneurism should have shewn traces of tuberculous depositions.

tuberculosis of the lungs. From this he concludes that the two morbid processes are incompatible with each other, so that tubercle cannot be developed when hypertrophy of the heart is present, although a slight degree of hypertrophy, especially of the right side of the heart, may occur in the latter stages of tuberculosis, from the obstruction which the blood meets with in its passage through the lungs.

TUBERCULOSIS AND CURVATURE OF THE SPINE.

Tuberculosis, especially of the lungs, seems never to occur along with curvature of the spine. Among fifty cases, only three could be considered as exceptions to this rule, and in these the curvature was very trifling, and the existence of the tuberculosis questionable. This is the more remarkable since all the causes which originate the fundamental conditions of these deformities, are exactly those causes which are favourable to the development of tubercle, such as confined posture, &c., besides many of the deformities in question are secondary and remote consequences of a process which far from being able to exclude, rather favours the development of the tubercle; but as this secondary process (*viz.* curvature) becomes pronounced, the tuberculous one is gradually repressed, and finally extinguished. This remark is corroborated by the frequent observation of completely extinguished tubercles in the lungs in persons with curved spine, and still more by the remarkable fact, that in the kyphosis caused by the scrophulous carious destruction of the vertebræ, the diathesis favourable to the generation of tubercles becomes entirely and permanently annihilated. From the analogy of the effects of cyanosis, hypertrophy of the heart, curvature of the spine, and pregnancy, in giving rise to a predominating venosity of the blood, while they differ from each other in almost every other respect, Rokitansky is inclined to ascribe to this venosity the incompatibility with tuberculosis displayed by the above-mentioned conditions.

TUBERCULOSIS AND DILATED BRONCHIA.

When the dilatation of the bronchia has reached a considerable extent, it brings on, in consequence of the wasting of a large portion of the respiratory organ, active dilatation of the right side of the heart, stagnation and dilatation of the whole venous system and cyanosis; and in consequence gives quite a remarkable immunity, not only from tubercles of the lungs, but from tuberculosis in general. Similar changes are the effects of emphysema of the lungs, and

this is the cause of the exemption from tubercles usually displayed by asthmatics.

TUBERCULOSIS AND DISEASES OF THE STOMACH.

Lastly, Rokitansky observes, that almost all chronic diseases of the stomach, such as formation of scirrhus and ulcers, are incompatible with tubercle. In forty-four cases of these diseases only four were found affected with tubercles, and in two of these the perforating ulcer was healed, and the disease extinguished. The rarity of the combination in question is further shewn in the frequency with which ulceration of the stomach is complicated with dysentery and Asiatic cholera, diseases which, we have seen, never occur in combination with tubercle.

CANCER AND SEROUS CYSTS.

The formation of serous cysts may co-exist with all kinds of cancerous degeneration, and it appears in different degrees combined with carcinoma *fibrosus*, *alveolaris*, and especially with carcinoma *medullaris*, which would seem to indicate an intimate relationship between the two processes.

Among the many cases illustrative of this remark there are two particularly mentioned by Rokitansky, the one where a large tumour was found occupying the pelvis of a child, consisting partly of medullary sarcoma, partly of alveolar cancer, and partly of serous cysts: the other where after the amputation of a cancerous penis, a number of hydatids, some reaching the size of a pea were developed in the bones of the pelvis. The rarity of diseases of the genital organs in those who suffer from curvature of the spine, (more particularly the immunity of the female sex from malignant parasitical growths) has forced itself on the observation of Rokitansky. This he refers to the condition of the body becoming the same as it is temporally in pregnancy, in which state these diseases are never known to occur.

The more we reflect upon these extraordinary facts the more are we disposed to imagine that the action of anti-psorics must have a similar origin, and that not till the root of both is discovered shall we possess the true key to the secret of the ultimate law of cure; in the mean time we are satisfied that in

some way or other these so-called anti-psorics do antagonise, whet herdirectly or indirectly, the Hydra—psora in the system ; and it seems to us that as unquestionably the homœopathic formula has led us so far through a labyrinth which has hitherto baffled all previous attempts to penetrate, the wisest course is to persevere steadily in its application, or to trust to enlarging views of physiology and pathology throwing additional light upon the great mystery of life, both in its healthy and unhealthy state, and at length exhibiting that perfect adaptation between the origin of all diseases and the method of their extinction in which the absolute triumph of medicine shall consist.

NECESSITY FOR THE PRACTICE OF MEDICINE BEING CHANGED TO A PREVENTIVE SYSTEM,

Of Constitutional Pathology being more cultivated, and of a more minute description being given of the physical appearance of persons experimented on.

BY GEORGE FEARON, M.D.

AMONG other things for which the half century now commencing will probably be remarkable, may I think be reckoned the development of a preventive system of medicine, to take the place of the ordinary palliative practice.

Within a few months after I first became convinced of the truth of homœopathy, it struck me that now we were in possession of a law for the administration of medicinal substances, and of a means of graduating the dose to any extent we chose, we should have the power of attacking disease while it yet lay latent in the constitution, even of the youngest child, instead of waiting until it broke forth into an active state. At least all that we should require for this purpose, in addition to the foregoing, would be a knowledge of the physical appearance of those in whose constitutions lay dormant the seeds of the different classes of diseases. This knowledge we may to a considerable extent gain from the various works on scrofula, &c., which have been hitherto published ; and much valuable indirect information

may be obtained by ascertaining the special affections from which the different members of the child's family have suffered.

It is now more than ten years since the thought of thus erecting a preventive system of medicine occurred to me; during all that time I have never forgotten it, and for years together have not allowed one month to pass by without reconsidering the subject in all its bearings; the more I have thought of it, the more feasible and the more valuable has it appeared to me, and several homœopathic physicians, before whose notice I have brought it, have concurred in the opinion that homœopathy would give rise to such a preventive system of medicine, while, with one exception, they admitted at the same time that to them the idea was a new one.

Behind what we *usually* call chronic, but which is in reality sub-acute disease, there is that state of constitution in which, although the individual may enjoy an ordinary share of health, still there are the seeds of disease ready to spring forth on the application of an exciting cause, or to be transmitted to his or her offspring. This state of constitution is of course most strongly marked in those who are hereditarily of a general delicacy, without being absolutely ill; still it exists, in a greater or lesser extent, in almost every person. This we may affirm, from the circumstance of so few (for there are some) surviving to a good old age free from suffering during life, and sinking quietly into the grave from the natural wearing out of those organs of life, which up to the last had worked in mutual harmony.

Lugol considers that scrofula exists in some form or other in about a third of the human race, but if we drop this word, and adopt the term chronic disease, as a collective one to imply all those permanent derangements of health, and predisposition to active disease, which may be caused by scrofula (or psora), syphilis, syphilis, or any other agents, then we shall find that there are very few persons in our large towns who are free from it; in some of them, such as Birmingham, it would not be possible to find one family every one of whose members are exempt from it.

In fact it is scarcely possible for us to realize the appearance of a set of perfectly healthy and well developed persons, for

want of a standard of comparison ; we can at best compare morbid specimens of humanity with morbid specimens.

Under these circumstances, however excellent hygienic appliances may be in removing some exciting causes of disease, still we require more direct and positive means of gradually and continuously attacking that mass of disease which has been handed down to us through successive generations, and which has probably become engrained in almost every particle of our bodies. For this purpose we must endeavour to erect medicine (with its auxiliaries) into an educational system for the body, the latter being as susceptible of being trained from its earliest infancy to health or disease, as the mind is susceptible from its earliest infancy of being trained to good or evil. I have tried the experiment with children, and therefore speak from experience ; moreover in each instance in which I have treated females during the whole course of their pregnancy up to almost the day of delivery, the child has been a much finer one than any of the preceding ones had been at their birth ; in such cases the education of the body may be said to have commenced from its earliest existence.

It would be a great aid in such a preventive system of treatment, if future experimenters would describe with as much exactness as possible the physical appearance of the persons experimented on, for the common expressions of dark or light hair, nervous or lymphatic temperament, &c., are not enough ; it would be well also if in the relation of cases cured by particular remedies, a similarly minute description were given whenever possible. With each fresh group of symptoms appearing in the experiment, should also be given minutely the accompanying appearance of the tongue and pulse, paying in the latter case more attention to its precise *character*, such as full, resisting, wiry, intermittent, &c., than even to the frequency of its beats, for in these symptoms our *Materia Medica* is too deficient.

The old school pathology has been derived chiefly from the inspection of dead bodies ; such a pathology can only be reared up during the infancy of the healing art, for it presupposes a great mortality among patients ; I suspect too that it has been very much overpraised, that it is more deficient and is of less

value in the treatment of disease, especially of chronic disease, than is generally acknowledged ; it is in fact a mere organ pathology, seeking only to ascertain which of a series of organs appear to have been first affected, and which secondarily, without at all taking into consideration the peculiar state of constitution that rendered that organ weak, and liable to be attacked by disease ; in our mode of practice, however, this latter point will frequently be found to be a very important one in leading us to the selection of the proper remedy out of two or more having apparently similar symptoms. The uprising of homœopathy may be considered as marking the commencement of the mature age of medicine ; that age must have its own pathology, and as we believe that the amount of premature mortality will be very much less in future than it has been in the allopathic infancy of medicine, so must we cease to look to *post mortems* as the principal source of pathology ; our pathology must be derived chiefly, not from the interior, but from the exterior aspect of the body ; for that alone will be in keeping with our mode of ascertaining the healing properties of medicines, since we do not push our experiments to the length of killing the persons experimented on, for the purpose of ascertaining the internal changes of structure the medicinal substance has effected.

That this external pathology may be sometimes of more use than the old school one, even in acute affections, is exemplified in the following case.

A short time ago I was sent for late one evening to see a married lady who had recently come to Birmingham for change of air, in consequence of suffering severely from neuralgic pains of the face ; I left her some medicine, and wrote off the same evening to the homœopathist under whose care she had been. He replied that he considered the exciting cause to be connected with the uterus, and had been treating her with that view. According to the ordinary pathology his was a perfectly scientific diagnosis, since the affection had first made its appearance a few days after a confinement, and had invariably returned in each successive pregnancy ; this being the first time I believe in which an attack had come on in a non-pregnant state. On the second day of my attendance, and before receiving his

answer, I made up my mind that she must at some period of her life have lived in a calcareous neighbourhood sufficiently long for her whole system to become affected by it, and that that was the real exciting cause of the affection, the womb being merely in a secondary way connected with it. This decision I came to in consequence of her general appearance resembling very much that which I have noticed in persons who have resided in such neighbourhoods, although she had but a slight trace of the usual fulness of neck perceptible in such instances.

The disease had only made its appearance since she had removed to her present place of residence, but she denied that there were any calcareous appearances about that, or her immediately preceding place of abode. I then asked for her native place, and she at once told me that close to the house of her parents where she had resided until grown up, there were chalk pits. This confirmed me in my diagnosis, I consequently gave Sulphur, first in the 12th and afterwards in the 6th and 3rd (trit.); it was beneficial in each attenuation, but most markedly so in the third, and I had no necessity for changing the medicine, until continuing to press it three times a day for some days after all pain had left, it brought on a very sharp aggravation. Pulsatilla and Sepia were given, but without any relief; Tincture of Arsenic 3, then presented itself as the most likely antidote, especially as there were chills accompanying the paroxysms, and it acted like a charm; a few days after Sulphur was returned to with the effect of bringing on another but slighter aggravation, which Arsenic again stopped; and the patient left this in a very much improved state of health to that in which she came, though doubtless she must experience some more but modified attacks before the diseased state can be quite destroyed.*

Now here I think is an instance of external pathology derived too from a medicinal disease, leading to a knowledge of the proper remedy, while the internal pathology derived from natural disease would only have led one astray.

In recording the physical appearance of persons experimented

* She took away with her some packets of Sulphur powders, each packet containing two powders, a dose to be taken twice a day for four days, then to remain a week without medicine before commencing the next packet; and I have just been informed that she has continued perfectly free from all attacks of the disease.

on there is one item of description which I should particularly wish to see attended to, and that is the exact appearance of the iris, for I am sure that it will be found very useful to us as a guide to the state of the constitution. That sentence in the Sermon on the Mount, as transmitted to us by St. Matthew, "The light of the body is the eye; if therefore thine eye be single, thy whole body shall be full of light; but if thine eye be evil, thy whole body shall be full of darkness," although there doubtless meant in a moral point of view, is nevertheless very true in a physical one. That a red iris is indicative of a disposition to cancerous affections has been for several years known to many medical men, though I had made the observation for myself before being aware that others had previously become acquainted with the fact, but the following indications have never to my knowledge been observed by any one previous to the publication of a part of them in the *Medical Times*, October 6, 1849.*

The nearer the iris approaches to a firm, clear-looking, and unmixed colour, (black, blue and hazel,) the healthier and sounder is the constitution. Whenever the iris presents the appearance of a *broken network*, or the colour is a light watery-looking one, or deposited in darker patches in some places than in others, there is a corresponding degree of delicacy of constitution. Whenever there is an appearance of red, green or yellow in the iris, the diseases under which the patient suffers always exhibit an obstinate or malignant character, more especially when the *red* or green is present. Such persons, moreover, always beget unhealthy children; and we may generally expect to hear of much ill health, serious and obstinate illnesses, and premature deaths occurring in their families. The appearance of the light iris, which answers to the red of the dark one, has not been hitherto pointed out, it is the following:—a peculiar hard, pearly, grey look, and, if the eye be closely examined, there will be found immediately around the pupil a circle of a more or less red hue. Moreover, instead of the appearance of a net-work,

* Special reasons caused them to be sent to this Journal, otherwise they would have been forwarded to a homœopathic one, homœopathy having given rise to them.

in which a mesh had broken, leaving a large nearly square space, such as we may see in the light scrofulous blue iris, there will generally be long narrow places, giving the idea of the substance of the iris having been there corroded away. The worse the state of health the darker, thicker-looking and more distinct will be the outer margin of the iris.

We not unfrequently meet persons having a greenish iris who will boast of never being ill, and of being able to undergo considerable fatigue. Such persons are generally stunted in stature; and, in the instances in which the reverse is the case, they will be found to show signs of failing health soon after thirty, if not before; and, should inquiry be made, it will most probably be found that they are descended from parents one or both of whom have exhibited marked signs of having an unhealthy constitution (consumption, epilepsy, &c.), and among their brothers and sisters obstinate affections and diseases of debility will prevail.

I was led to make these observations by the statements in our *Materia Medica*, that some medicines acted better in persons with light, and others in persons with dark eyes. Closer observation soon shewed that under these two general heads of dark and light eyes, were comprised many varieties of iris differing in structure, in shade of colour, and in the mode in which the latter was deposited, and that each variety was attended by a corresponding state of constitution. It would only be legitimately individualising the more general observation regarding the light and dark eye, were we to note the particular medicines which appeared to produce most effect in the different states of constitution represented by each *variety* of iris. We should thereby gain an additional help for the selection of remedies in the treatment of disease.

There is one species of iris which at the distance of three or four feet looks like the section of a piece of flint, and gives to its possessor a sharp hawk-eyed appearance. It is separated from the cornea by a strongly marked rim of a hard dirty white calcareous look, and about the sixteenth or twentieth of an inch in breadth; the iris itself when looked at closer appears of a blackish red. I have not seen many cases of this iris, but have noticed the following circumstances in connection with it. The

persons have been irascible, and apparently quick in intellect; in two instances, although not of a stout make, they have each had two attacks of apoplexy, and in one of them a permanent partial paralysis of one leg and arm has been left. In the remaining cases, the persons having it have each suffered from rheumatism, which was also the case with one of the apoplectic persons, and for aught I know it may have been the same with the other. I have not yet met with an instance of this iris in a child, and am therefore uncertain whether the rim which is its peculiar characteristic may not be formed while the disease in the constitution becomes developed as the person advances to middle age. In each case where a parent has had it, *the children have been very markedly unhealthy*, a circumstance deserving of notice.

Another form of iris which, I think, is indicative of a highly sycotic state of constitution, resembles closely the appearance of the spokes of a wheel when the latter is in pretty quick motion, excepting that each alternate radius is of a different colour, the one being reddish, the next yellow or of some other colour. This variety, as far as I have hitherto seen, occurs in persons bearing other strong marks of sycosis, and not unfrequently is accompanied by old warts on the face, having that character which Hahnemann has attributed to those of a sycotic origin; and here I may remark that I believe a sycotic state of constitution to be a much more common one in our large towns than a syphilitic one, and the reason why this should be so is very evident, for syphilis shewing itself in the form of a troublesome sore gets at once attended to, and must in many cases be really cured and not merely temporarily suppressed. Sycosis, on the contrary, after having been imbibed either produces no very perceptible external manifestations of its presence, or they are only in the form of warts, which giving little inconvenience are overlooked and not regarded as signs of disease by the sufferer, and thus the poison has full opportunity of insidiously undermining his system.

We all know that parents are often prone to point out scrofulous children as pictures of health, simply because they exhibit a high colour with a certain degree of plumpness. To undeceive

such persons and to induce them to place their children under a regular systematic treatment, it will be necessary for us to be able to point out to them the different signs of latent disease and of unhealthy constitution, and for this purpose the state of the iris will be often more convincing because plainer and more observable than any other signs. This last summer I met with a child of about 12 whom I had attended three years ago for a swelling and weakness of the knee, to which she had been for some time subject. I knew that she was of a very delicate constitution, and that every one of her brothers and sisters were very unhealthy, and this unhealthiness they derived from at any rate one parent; yet when I saw her this year she seemed full of spirits and energy, and capable of enduring for a child of her age a good deal of exercise, and had a colour which could scarcely be shewn to be otherwise than a healthy one; the only thing that appeared wrong was the irregularity of the teeth, which were also of a bad colour and with a tendency to decay. From all I knew of her previous state of health, and that of her family, I felt convinced that I must be seeing her under very favourable circumstances, and that her present appearances of good health were fallacious ones which she would by and by lose; yet I was puzzled how to fix upon any traits in her appearance which could be pointed out to others as evidence of lurking disease. On regarding her more closely the difficulty vanished, for there was a marked specimen of the red iris, one of her sisters who had been threatened with a spinal affection, &c. shewing an equally well marked specimen of the wheel iris recently alluded to. (Do not spinal affections, at least those involving the lower part of the spine, more generally depend upon a sycotic than a scrofulous state of the constitution? I think they do. I think also that many of those obstinate baffling uterine affections depend upon a sycotic or syphilitic taint, either inherited from parents or received through impregnation by a husband having a constitution so tainted.)

In several cases of tic, which on each return invariably attacked the same side of the face, I have noticed that the iris was more defective on that side than on the other. I have seen the same thing in cases of *muscæ volitantes* and other forms of impaired vision, where one eye has been more affected than the

other. Perhaps with more extended observations a similar circumstance might be observed in connection with other one-sided affections.

The various explanations that have been hitherto attempted, of the law expressed by the words 'similia similibus curantur,' have never proved satisfactory; and the statement that we try our medicines upon *healthy* persons in order to ascertain their curative power in disease, has repelled many from its involving to their thinking an absurdity. May not some light be thrown upon the subject by the circumstance we have already adverted to—of the almost universal prevalence of some form of latent chronic disease? Any one who has seen Hahnemann must be aware that he was far from being a specimen of a healthy, well developed person, and in one of his writings he mentions that he had at different times suffered much. Yet his experiments with medicinal substances were made on himself, on members of his family, who could not have been healthy, and on students and others residing in large towns, who were not likely to have been free from latent disease. In fact, had it been otherwise, had these parties been all perfectly healthy, Hahnemann would never have discovered the law in question.

Under these circumstances, the statement that our remedies have been tried on healthy persons is not true; and equally with the alloëopaths we gain, *ab usu in morbis*, our knowledge of the form of disease which Nature has intended each substance to antidote, or be the means of curing. The difference between the method adopted by the alloëopath and the homœopath for ascertaining the curative properties of any new substance, is, in the first instance, one which has reference to the stage of disease in which the experiment is made, but it is this difference in the stage that tends to perpetuate the discordant conclusions which they draw from the result of their experiments.

Give to both of them a new plant to experiment with, and the alloëopath chooses a person affected with disease in an acute, or sub-acute form, that is to say, in an active state; the homœopathist, on the contrary, selects one in whom disease is in a latent, quiescent state, and who therefore may be

considered as comparatively healthy. The alloëopath can only learn the curative power of the remedy in the one train of symptoms which he has found it relieve, while from his experiments he can derive no certain knowledge relative to its employment in other forms of disease, but is left to employ it in future from 'inference'; and this limited knowledge he moreover acquires at the risk of doing much injury to his patient. The homœopath, on the contrary, has the power of experimenting at leisure, and by graduating his experimental doses can bring to light in succession all the various trains of diseased action to which the new remedy has been specially adapted, and has the power of avoiding or making allowance for all causes likely to interfere with the accuracy of the experiment. He thus can *by one and the same* experiment gain a knowledge of the use of the remedy in both latent (or chronic) and acute disease. Were he to be very cautious in his experiment, and give the new substance in very small doses, and at intervals, he would probably considerably improve the health of the person experimented on, without giving rise to any disturbance in his system, but by so doing, however well he might learn its use in latent disease, he yet would gain no information respecting the active state of disease in which it should be employed.

There are many other points which will be required to be considered with reference to a 'preventive system of medicine,' but these must be reserved for another occasion; at present I will only call attention to this circumstance, that, whereas, others to whom may have occurred the idea of employing homœopathic medicine as a preventive system, have in all probability only thought of so employing it in the case of children of a markedly scrofulous diathesis, I, on the contrary, advocate its employment as such in all families, and with every child, (just as I would advocate the application of education to all,) because every child, no matter however apparently healthy, is born with the seeds of disease in its constitution, and with the susceptibility to improvement, the difference of one from the other being only a matter of degree; indeed I would, wherever possible, have the mother placed under a constitutional

treatment from the time she is known to have conceived up to the period of her delivery, as I am convinced, from theory and from observation, that the child would then, in all human probability, enter the world in a healthier state than it otherwise would do; while the mother would, in consequence of the removal of a portion of the disease from her constitution, be spared those sufferings which are now experienced by nearly all women in these countries during the time of pregnancy, childbirth, and the after period.

NARRATIVE OF SIX CASES OF ASPHYXIA.

BY THOMAS R. LEADAM, M.R.C.S.

*(Read before the British Homœopathic Society, at its Meeting in
January, 1851.)*

THE following is a simple narrative of some cases of Asphyxia, which occurred on board ship, in consequence of the inhalation of carbonic acid and carburetted hydrogen gases, the products of respiration and combustion from a coal fire in an unventilated cabin. They present, perhaps, little matter of interest, and merely exhibit the exact amount of injury inflicted by the inhaling a poisoned atmosphere, and their recovery under homœopathic treatment. The most peculiar features in the cases, which partook so much of the apoplectic state, were, the severe form of epilepsy induced in one of the cases, and the uniform contraction of the pupils and the trismus by which all were characterized.

March 11th, 1849.—Sunday morning, 9 a. m., I was called to see some sailors on board a ship which was lying out in the middle of the river, who were said to be suffocated. I found *five* men stretched out on deck, more or less asphyxiated, all in a state of partial or complete insensibility.

It appeared that at 10 o'clock of the previous evening these men had gone below and made up a good fire, and the youngest of them had removed the funnel or chimney and shut down

the hatch, and so closed the cabin. It being very cold weather they then went into their berths. At 8 o'clock this morning the captain sent forward to know why the men were not on deck, and then they were discovered in the state described.

All appeared to be in a state of apoplectic or epileptic seizure.

CASE I.

A fine florid youth, aged 20, was comatose ; perfectly insensible ; snoring every now and then heavily, with deep drawn sighs ; the face of a purple hue ; pupils contracted ; insensible to light. His teeth were so firmly clenched, that the utmost manual exertion could not separate the jaws wider than was just sufficient to get the handle of an iron spoon in, and it was so tightly held I could not withdraw it ; the pulse was only just perceptible, and was intermittent.

By the side of the spoon I managed to introduce a teaspoonful of water containing *one drop of opium* 3, which was gulped down unconsciously, with a choking effort and a groan, after which the teeth were as firmly clenched as before. Trismus was complete. All the men were wrapped up to the throat, their faces only being exposed to the air ; a sail was extended about six feet above them, as it was a very cold morning and it was not possible to put them under shelter below. In half an hour this youth was still in an apoplectic stupor.

Belladonna 3, gtt. i, Aquæ ʒi, M. was now prescribed.

A teaspoonful every quarter of an hour.

At 1 p. m.—He was lying on the deck and recovering his consciousness ; spoke when he was questioned, although he lay in a state of semi-stupor. He had a hot skin and quick pulse.

Aconite 3, one fourth of a drop every three hours.

9 p. m.—Was doing well, but complained of a dead numb feeling in the buttock of one side, like rheumatism, probably from lying on the damp deck so long.

March 12th, 9 a. m.—Was so far recovered as to require no more medicine ; he was not quite well enough to work ; felt very weak, and still complained a little of the pain in the buttock.

CASE II.

A young fellow, aged 20, with light hair, fair complexion, was perfectly insensible ; extreme pallor of countenance, but purple lips ; a frothy mucus was issuing from his mouth ; the buccinator muscles were so flaccid that at each expiration a puffing out of the cheek took

place. The pupils were contracted; pulse irregular and scarcely perceptible; face cold; body warm. With great difficulty I got into his mouth a teaspoonful of water, in which was put *one drop of opium* 3. The jaws were so firmly closed by trismus, that I could scarcely press the tongue down by the handle of a spoon, but at last he swallowed it, and the act of deglutition convulsed his features.

In half an hour.—He was still convulsed and foaming at the mouth, in a state of epilepsy. I prescribed

Nux vom. 3, one drop, to be dropped into the mouth.

At 1 p.m.—He continued in the same insensible and epileptic state.

Opium 3, gtt. i, was put into two teaspoonfuls of water, one to be given directly and repeated in two hours.

At 4 p.m.—He was taken down into the hold and laid on some canvas sails upon the ballast, as the quietest place. He looked very bad; a stream of blood had run from his bitten tongue, out at the corner of his mouth, and dried; his face was flushed; the breathing laborious; the chest heaving, and the mucus rattling; there was perfect insensibility; the pupils were moderately dilated; the tongue was much swollen, but the trismus had subsided, so that the jaw was relaxed; pulse 120, small, fluttering, and intermittent. I could obtain no answer from him, or sign of consciousness; there was no foaming at the mouth, but on giving him something to drink he choked and spluttered; the lips were of a more natural colour, having lost their swollen and livid appearance.

At 9 p.m.—He was still insensible and breathing laboriously, but certainly better, as the eyes looked more natural and the pupils were slightly influenced by light, and moderately dilated. There was less rattling at the chest; a morbid sensibility to touch now existed; he made wry faces, and turned his head suddenly when I touched his face with my cold hand; he tried to protrude the tongue, but could not get it beyond the teeth; it was greatly swollen; he could not speak; swallowing was very objectionable; the muscles of deglutition appeared inflexible, or unimpressible, he choked a good deal at a teaspoonful of fluid; the face was flushed; skin hot; pulse quick, tolerably regular at the left wrist, but scarcely perceptible at the right; he lay moaning, his arms being convulsed every few minutes and rigidly drawn across the chest, the hands being clenched at the same time; the forearm was so powerfully contracted for a

few minutes that I could not extend it, but became perfectly relaxed soon after. The body and lower extremities were quite still.

Aconit. 3, gtt ii. Aquæ ʒi.

A teaspoonful every three hours.

March 12th.—I found him still lying in the same position in the hold, and he did not appear to have moved. He was now sensible, put out his tongue, which was sore and swollen; the eyes had their natural appearance; the face flushed; pulse 90, regular; body hot. He was making grimaces from the pain in the back, which he said was very bad, probably the same kind of rheumatic pain complained of by the other men. No evacuation from the bowels. I ordered him to his berth and prescribed,

Aconit. 3, one fourth of a drop every three hours.

March 13th, 9 a. m.—He was getting well; rose up and talked naturally; ate and drank; had no discomfort about the head; only complained of stiffness and aching of the muscles of the back and buttock.

Dulcamara 3.

March 14th.—He was walking about the deck, complaining only of debility.

CASE III.

A young man, aged 23, was just revived enough to be calling out that the pains hurt him so, but no clear answer could be obtained from him, as he was so riotous and resisting, more like a maniac than anything else; in fact, was in a state of delirium from the effects of the noxious atmosphere he had breathed all night.

I had him well wrapped up and gave him a dose of the *opium* with great difficulty, and then left him. He recovered in an hour or two.

CASE IV.

Was a fine florid youth, aged 18, with black hair. He was lying with closed eyes, snoring and panting; the muscles of the jaw were rigid from the trismus; the teeth clenched; he was just sensible enough to swallow when aroused, but it was attended with great difficulty; the pulse was feeble and intermittent; the body warm, but he was trembling with cold from the exposure on deck to a very keen wind; the pupils were contracted.

One drop of *Opium* 3, was given.

In half an hour.—He was a little better, could swallow, but was soporose and in stupor.

Belladonna 3, every quarter of an hour.

1 p. m.—He was walking about.

4 p. m.—Was well, and only complained of the dead, dull aching pain of the buttock on which he lay on the damp deck.

Dulcamara 3.

March 12th.—He was quite well.

CASE V.

Was a spare lad, aged 17. He was quite insensible; *pupils contracted to a small point*; countenance pale; there was anhelation, or blowing respiration; snoring; cold face, with blue lips; frothy saliva escaped from the mouth; the teeth were firmly clenched by trismus; the body was warm; the pulse very feeble and intermittent. *One drop of opium 3*, in water, was got into his mouth with great difficulty, and as it passed the throat the deglutitory action caused a tremor of the muscles of the throat and chin.

In half an hour.—He was still insensible.

Belladonna 3, every quarter of an hour.

At 1 p. m.—He was just in the same condition.

Belladonna continued.

At 4 p. m.—Was lying in a semi-stupor; answered when aroused; had febrile symptoms; a hot skin, quick pulse, and white tongue; and complained of the rheumatic pain of the buttock, from lying on the damp deck, like the rest.

Aconitum 3, every four hours.

The next day he was quite well.

CASE VI.

Was a man who had been with them all night, and had made an effort to reach the companion ladder, but fell down, and was found lying across the floor of the cabin; he soon recovered, without any particular symptoms.

ON PATHOLOGY, AND PATHOLOGICAL HYPOTHESIS.

By DR. G. M. SCOTT.

I FEEL the more inclined to offer a few observations on this subject to the attention of the readers of the Journal, from the apprehension, or even I may say the conviction, that I have myself occasionally employed these words without sufficiently accurate discrimination, too much as though they were synonyms—the error of which will be detected by a very little consideration.

By pathology in its strict sense as distinguished from pathological hypothesis or theory, I understand, simply the whole amount of symptoms presented by a disease, recondite or superficial, but certainly discoverable; and, however far our researches may be carried, whenever we can adduce a new symptom, whether functional, organic, or chemical, this symptom is to be added to the rest to complete the pathology of the disease. Thus, while in reality the pathology of each disease is immutable, that is to say, each case of disease comprises essentially a certain amount of symptoms, neither more nor less, yet the pathology of the same disease as apprehended by different minds varies with the penetration, industry, or attainment of each individual, in proportion as he is enabled to discover and seize the symptoms—and all this without the supposition of any pathological hypothesis or theory. Pathology, strictly speaking, is essentially a fixed thing for each case; relatively to the physician, it is changed by every fresh accession of knowledge. To say, therefore, that pathology is necessary to the homœopathsists as well as to others is simply to say, that he as well as others must know what he is fighting against, and he especially, because the symptoms are his guide. But whenever we do more than collect the aggregate of symptoms, or begin to theorize—our theory may be correct or otherwise, but it is still theory—if we ever venture to assert a relation between two acknowledged symptoms, we theorize—we do not say erroneously or unjustifiably, in many cases quite the reverse, but whether for our help

or otherwise, we theorize. Let us take an extreme case. An ancient theory taught that disease consisted in a want of proportion between the pores, or, as we might now say, the capillary vessels, and the particles which were to be transmitted through them, which, for brevity sake, we shall call blood-globules. Now this is, strictly speaking, a pathological hypothesis, correct or otherwise. Let us suppose the theorist to go farther and assert that the mouths of the capillaries are all hexagonal, and that the blood-globules are all globular, but so compressible as readily to assume the requisite size and shape for transmission, in a state of health, but that in sickness these globules either become too large and incompressible, and thus occasion inflammation, or too small to fill the calibre of the vessels, and thus occasion debility and relaxation. This would be a step farther in pathological hypothesis or theory. But supposing that microscopical research should actually prove that the mouths of the capillaries were hexagonal and that the globules were as described, and that disease and health presented the phenomena we have imagined, the pathological hypothesis becomes pathology—for that which was a speculation is proved to be a fact, or, if you please, a symptom. Now, in either of these cases, whether of perfect pathology or of correct pathological theory, the physician who acts upon any other principle than that of homœopathy, must, I conceive, introduce another theory, to wit, that of a medicine whose property is to correct this peculiar defect whether in the capillaries or blood-globules; and on that supposition alone will he be entitled to use one or another. His theory will be that a certain medicine renders the globules more or less compressible, &c.; and therefore is to be employed in appropriate cases. If he is able by experiment to prove that such effect is produced by certain medicines his pharmacological theory becomes a fact, and his pathology and pharmacology being each perfect he is no doubt warranted to assume the one as a guide to the use of the other. But here he ceases to theorize as truly as the mechanic who adapts carefully the size and shape of a block to the aperture it is intended to close. Each theory has ceased to exist as a theory because proved to be correct.

And if we can suppose each party to take so ultimate a ground of enquiry and successful investigation as this, we may acknowledge that they will meet—the homœopathist directing his enquiry to ascertain what medicines produce such an effect on the capillaries and globules as resemble those of the disease—the other endeavouring to ascertain what medicines produce such an effect as will correct the error whatever it be;—but this enquiry is in reality the same, for the *correction* of the error must be the ultimate object in each; and the homœopathist will, of course, find that his temporary aggravation (suppose in the size of the globules) is followed by a corresponding reaction or diminution. If, therefore, we could possibly arrive at a perfect pathology and perfect pharmacology, not merely should we be at liberty to use the one as a guide to the use of the other, but all question of the *modus operandi* would be at an end—the *science* would be changed into an *art*, and the question of homœopathy or allopathy, if ever agitated, would be simply a matter of curiosity, and that concerning a step in the *course* of the practice of the art, not the very last points of coincidence, nor yet the first indication. But to a point so remote it is not likely we shall ever attain. We have brought forward the imaginary extreme case simply to illustrate our intended distinction between pathology and pathological theory, and to shew that when pathological theory or hypothesis becomes perfectly ascertained it ceases to exist as theory, and becomes pathology. If we have always associated a certain superficial symptom, as cough, with a *supposed* state of the lungs, so long as this state is merely *supposed*, we theorize; if a sufficiently extensive induction *prove* the connection, the state, not now *supposed* but *discovered*, becomes a symptom, and the theory is extinct. We have now an advance in pathology, and with it the abolition of a pathological theory or hypothesis.

I am quite aware that this use of the word pathology is open to criticism. *παθος λογος* must mean something more than *παθος* alone; but the whole aggregate of symptoms constitute *παθος*: and *λογος* implies the reason or rationale, or explanation of *παθος*. This explanation would make pathology the same as pathological theory. We think, however, that in very many

cases the word pathology bears the simple meaning assigned to it, and the distinction we have suggested is all that is necessary to remove any obscurity, while at the same time it is very valuable to possess a word which may be thus employed without ambiguity. Nor is it an arbitrary use of the word, since a perfect knowledge of all the symptoms will almost necessarily involve a knowledge of their mutual relations; *λογος των παθων*; and when once this *λογος* or relationship is thoroughly and perfectly established the *theory* ceases, but the *explanation* remains.

ON THE ASIATIC CHOLERA.

By DR. KELSALL.

THE pestilence called "sweating sickness" devastated England for the first time, A.D. 1485, when it is said, only one patient in 100 attacked by the disease escaped death. It principally seized robust and vigorous men, or persons of a full habit of body from high living, passing over almost entirely children and the aged. The disorder was a violent inflammatory fever which prostrated the powers as if by a blow, and amidst painful oppression of the stomach, headache and lethargic stupor, suffused the whole body with a foetid perspiration; the disease arrived at a crisis in a few hours, its duration seldom extending beyond a day and a night.

In 1506 (after an interval of 21 years) the sweating sickness re-appeared in England in a milder form; in 1517 it again raged with extreme violence, and was so rapid in its course that it carried off multitudes of those attacked in two or three hours. A fourth time it re-appeared, A.D. 1528; and finally, the fifth time in A.D. 1551, the intervals being 21, 11, 11, and 23 years between the visitations.

London suffered from other pestilential epidemics in the years 1592, 1603, 1625, 1636, and 1665; and the work of Dr. Tralles, published in 1753, proves that a disease exactly corresponding to the Cholera which traversed Europe during the years 1848 and 1849, carried off great numbers in 1670 and 1699.

A fearful epidemic, apparently identical with oriental plague,

almost depopulated Europe A.D. 1849—a similar disease re-appeared in 1499, and lastly in 1665.

The plague of 1655 appears to have passed over nearly the same track as the Cholera of 1832 and 1849. Pepys, in his diary, shews that it had appeared in Holland at least a year before it made its appearance in London, and there is little doubt but that it ravaged many other parts of England in that same year.

Pepys mentions an eccentricity in the course of the plague of 1665 which has often been remarked as attending the progress of Cholera, viz.—that in the small town of Petersfield in Hampshire, the plague was confined to one side of the street of which Petersfield then consisted, the opposite side being exempt from the pestilence.

Cholera which passed over Europe in 1832 was by many supposed to have originated on the frontiers of China in 1817, and to have travelled in a irregular north-westerly direction till it reached this country; and whether this opinion be true or erroneous, it is remarkable that the deadly pestilence of 1349 (called the black death) was also at the time supposed to have commenced in the kingdom of Cathay, to the north of China, in the year 1333, and to have spread westerly till it reached Constantinople A.D. 1347; France, Italy, and Spain A.D. 1348; and England 1349,—appearing first in Dorsetshire, extending thence northward till it reached Scotland, then passing over to Norway, and finally reaching Russia and Poland in 1350, where three-fourths of the entire population are said to have perished.

There can be no doubt, I think, that the proximate cause of nearly all these epidemics is the inhalation by the lungs of specific subtle poisons under some unknown conditions of receptivity, and which are diffused through the circulation; the phenomena of each disease being violent efforts of nature to rid herself of them through the skin, or by the secretions of the abdominal viscera; and if this be the case, I venture to offer a speculation as to the origin of these poisons. While Cholera prevailed, observations of the electrical state of the atmosphere were frequently made in England, the result of which shewed that no peculiarity of atmospheric electricity could have had any

relation to the disease ; and, indeed, this might have been foreseen, seeing that it prevailed in every possible variety of weather—in summer, in winter, within the tropics, and amid the snows of Russia.

I am inclined to attribute the cause of this disease to a telluric origin, and suggest that this might consist in an electric current traversing the crust of the earth near its surface, and producing a specific miasm in the following manner:—We know that Cyanogen, Prussic Acid, Strychnine, Morphine, Picrotoxine, and other active vegetable principles are compounds of the four elementary gases—Oxygen, Hydrogen, Carbon and Nitrogen, chemically united in various different proportions, each possessing widely different properties; the vegetable *electricity* of the laurel, the *Strychnos Nux Vomica*, the Poppy, the *Cocculus Indicus*, the *Cinchona Officinalis*, each acting on these elements during the growth of the plants to elaborate their several active principles, by combining these elements in various definite proportions; a minute variety in these proportions being productive of vastly differing properties in the vegetable principles. For example—

Quinine is composed of	....	C ²⁰	H ¹²	O ²	N
Strychnine.....		C ³⁰	H ¹⁶	O ³	N
Morphine		C ³⁴	H ⁶	O ¹⁸	N
Picrotoxine		C ¹²	H ⁷	O ⁵	N
Hydrocyanic Acid... ..		C ²	H	—	N

It is suggested that the specific or peculiar miasms of certain epidemics are generated in a manner analogous to these active vegetable principles; they may (some of them) be inodorous; or perceptible to the sense of smell if the combination contain an atom or so of sulphur or carbon.

When the atmosphere is polluted by sulphuretted or carburetted hydrogen, I suppose a set of symptoms peculiar to each of these gases would be produced on the animal economy; and if any new chemical compound of two or more of the gases, C. H. N. and O. of poisonous quality is formed, it would produce also its own peculiar effects on the animal system. A current of electricity of *definite* tension or quantity passing through

these gases when in a state of simple mixture, might cause their chemical union, and thus the production of a specific miasm. So, in swampy districts, the electricity accompanying the sun's rays, or the ordinary electricity of a heated atmosphere may act on the gaseous elements evolved by the swamp, and cause the chemical union of two or more of them in certain definite proportions, the result being a peculiar volatile poison difficult or impossible to obtain by analysis, because it is composed of the same elements as the atmospheric air which holds it in solution—the quantity of carbon or hydrogen requisite to impart a poisonous property to the nitrogen being so infinitesimal as to escape detection; for, it is stated, that the analysis of air brought from the summit of Mont Blanc, and that from the most pestilential marsh, has shewn each to consist apparently of precisely the same proportions of Oxygen and Nitrogen. Such a poison as this may occasion the phenomena of remittent fever, the cause of its formation being always at work at certain seasons in particular localities. But if in some especial year a stream of electricity be supposed to traverse the crust of the earth, either of greater or less tension, or of more or less power than that which elaborates the poison of marsh fever, then it may cause the chemical union of two or more of these gases in some new definite proportions, the product of which may be a poison or miasm infinitely more pernicious than that of marsh miasma, *e.g.* the miasm of Cholera, or the pestilence of 1849, the materials for which are constantly at hand wherever cesspools, drains, &c. are near. Some such cause as an electrical current must have operated during the Summer and Autumn of 1849, because in previous years the drains, cesspools, and putrid graveyards of London emitted their effluvia (unattended by Cholera), which remained comparatively inert because dissipated and scattered in the state of simple mixture.

When Cholera prevailed in 1849 on the south-side of the Thames, I was struck with the remarkable track in which it frequently appeared to pass and re-pass;—it often seemed suddenly and simultaneously to spread in streams down particular streets, and when one of these streets abutted on another (which crossed it) the exciting cause seemed to pass through the house which stood in its way, perhaps attacking one or more individuals in

it, and then continuing its course in the same direction. In other places the stream appeared to cross certain streets, passing from one house to that which faced it on the opposite side of the way. Some of the worst cases of cholera occurred in individuals who slept on the ground floor, which seemed to indicate that there they had inhaled the miasm in its more concentrated state.

The causes of this and certain other epidemics and endemics being thus attributed to the presence of some specific poison circulating in the system, the phenomena of each disease may be supposed to be nothing more than efforts of nature (manifested with greater or less violence, according to the different idiosyncrasies, the variable quantity of the poison imbibed, or the receptivity of particular constitutions to its action, &c.) to rid the system of an obnoxious principle—which phenomena will be various as the exciting causes are various. The buboes of plague—the perspiration of sweating sickness—the paroxysms of intermittent fever—the eruption of small pox—the rice-water purging and vomiting of cholera being efforts of nature, differently directed, to eject some morbid agent from the system; and, perhaps, the flocculent deposit in the serous fluid ejected from the bowels in the case of cholera may be the poison itself in a state of combination with particles of this fluid. It seems obvious that in different idiosyncrasies there are different degrees of receptivity to the action of the cholera miasm; but what these conditions are it is hard to imagine, seeing that robust men and delicate women of various temperaments, habits, &c. suffered from the disease, while others residing under the same roof, or sleeping in the same bed, escaped with impunity. There can be no doubt also that thousands of persons have been freely exposed to the cause (whatever that may be) without experiencing any effect.

In all the dissections of cholera subjects made by Lizars of Edinburgh, the semilunar ganglia and the splanchnic nerves were found more or less inflamed and enlarged, which would seem to shew, that by some especial instinct, the nerves supplying the abdominal viscera had been excited to violent action, the spasms and cramps of the extremities being sympathetic with this source of irritation: the object of nature being to evacuate the poison along with inordinate secretions from the

mucous coat of the alimentary canal, as in the sweating sickness it was her purpose to eject another poison by excessive perspiration.

With respect to the contagious or non-contagious properties of cholera, I do not believe that the disease is communicable from a sufferer in any stage of the disease anterior to, or during the state of collapse; but two cases which I happened to witness excited strong suspicions, that when the state of collapse is passed, and the peculiar typhoid symptoms (which sometimes succeed) have continued some time, the disease is communicable to an apparently healthy subject, under some unknown conditions of receptivity. Both these cases were those of middle-aged females, who had performed the office of "laying out" the corpses of two patients who had died after a continuance of 12 and 16 days of typhoid fever succeeding collapse; each of these women had "laid out" a corpse about 6 P. M., and each of them was seized suddenly with collapse about 10.30 P. M. on the same night: one of them died in less than 24 hours; the other recovered without suffering any typhoid fever; and it was remarkable that this woman was subsequently seized every 3rd evening about 10.30 P. M. for three or four times with the coldness, faintness, nausea, and sinking at the epigastrium, which characterized the first attack; the symptoms becoming weaker and of less importance on each successive occasion.

As regards the prognosis; if the disease is merely the effect of a poison imbibed, I think it must always be difficult to foresee how the state of collapse will terminate, because it is impossible to know the quantity of the morbid matter which the system of the patient has to reject; and I suppose that the secretions from the alimentary canal will continue to be poured out until the whole of the poison has been purged from the blood, his recovery depending on the powers of his constitution to withstand the greater or less depletion attending this purgation. All the fatal terminations I witnessed during collapse happened (with one exception) to delicate, fragile females; those cases where men are suddenly struck down by cholera, and die almost immediately, may, perhaps, be accounted for, on the supposition

that the patients had inhaled a dose of the specific poison sufficiently large to overpower the nervous energy at once, and before nature could set up the attempt to eject it, by putting the appropriate nerves to their task of instituting an abundant depletory process.

In the majority of cases the progress of the disease seemed to be as follows:—The patient first notices a rumbling in the bowels, with a feeling as if yeast were fermenting in them, sometimes this is attended with a little pain or griping—he feels thirsty, and complains of a peculiar sinking at the epigastrium, as if the stomach were empty and required food, nevertheless he has little or no appetite, then he begins to feel slight nausea and faintness, or heartburn, and the sensation of fermentation increases, accompanied by diarrhoea—the tongue is whitish and flabby, and feels cold to the touch, or it is alternately cold and warm every five minutes. This state of things may continue from three or four hours to as many days before actual collapse takes place; then rice water purging commences, with more or less abundance, and vomiting of fluid resembling thin gruel or infusion of tea—slight twitches of cramps in the calves of the legs soon extend to the muscles of the trunk, and to the fingers or toes; as the serous evacuations proceed, the skin of the face and neck (sometimes of nearly the whole body) becomes of a brown or full indigo colour, the one alternating with the other like “the dissolving views,” from indigo to a darkish mahogany, the surface icy cold, and bedewed with cold perspiration; the tongue and breath cold; the secretion of urine suppressed; the patient in a hoarse and scarcely audible whisper, complains of intensely painful oppression in the cardiac and epigastric regions—the eyes are deeply sunken, thirst intense, the pulse, and even the beating of the heart imperceptible; and the patient thus sinks lower and lower, till his recovery seems to be quite hopeless. If the case is to terminate favourably, the purging, vomiting, and cramps now subside, and he remains for several hours balancing (as it were) between life and death—sometimes apparently insensible—then the skin begins to resume its natural appearance, and to lose its inelastic corpse-like consistence; the pulse is perceptible, like a thread, and the patient perhaps voids a small quantity of

urine; the surface slowly becomes warm; the tongue warm; the countenance more natural; and the patient may now rapidly convalesce, constipation taking the place of the former violent purging. But, instead of this happy termination of the disease, typhoid symptoms of peculiar character may immediately supervene; the tongue will continue more or less furred, (generally loaded and flabby); the rice water dejections may be succeeded by a scanty foetid diarrhoea, like thin pea soup; or purging and vomiting of thin grass green liquid, accompanied by intolerable sinking pain at the epigastrium, restlessness, delirium, or coma; the skin however is generally cool, and the pulse slow and marked; the tongue becomes dry and glazed, and ten or twelve days will decide the fate of the patient.

The homœopathic treatment of Cholera has been so often described, that a brief outline only need here be given:—gtt. j. to gtt. iij. of a saturated Spirit of Camphor should be administered in a little water, every five minutes to half an hour, during that stage of the disease, which extends from the first premonitory symptoms until collapse is about to set in; repeated small doses of Camphor in a teaspoonful of water will be found to arrest the progress of the disease entirely, and quickly, in a great number of cases; but if the patient has been suddenly overtaken by urgent symptoms, with his stomach full of food, the best thing that can be done is to expedite the evacuation of this food by vomiting, which is no easy matter, as the retching and vomiting of tea-like fluid may continue a considerable time, while the solid contents of the stomach obstinately retain their place; a copious draught of weakly camphorated tepid water is perhaps the best emetic in this case; and when the stomach is completely evacuated, three or four drops of Tinct. Pulsatilla, 8rd dilution, should be given in quick succession, previous to the exhibition of Arsenicum and Veratrum. When permanent coldness of the tongue and surface sets in, accompanied by rice-water purging, Camphor will, I think, be found of little use, and recourse should be had to Arsenicum and Veratrum, in doses of a drop of the 3rd dilution, alternately, every five minutes; should there be indications of cyanosis and sinking of the pulse, then Digitalis (a remedy I believe first suggested by Dr. Curie) should be alter-

nated with Arsenicum, $\frac{1}{16}$ th of a drop of the mother tincture of Digitalis being followed by a drop of the 3rd dilution of Arsenicum after an interval of five minutes; and this again in five minutes by a drop of the 12th dilution of Digitalis—and so on. I have seen several cases wherein Digitalis thus given seemed to have been the cause of good effects which followed in the course of three or four hours, but it is remarkable that as soon as reaction set in, the patients evinced a decided preference for the vessel which contained Arsenicum 3, without being able to assign any other reason for this preference than that they *thought* that was the medicine which gave most relief, though none of them could distinguish any difference in the taste of the three medicines. I must also mention, that in one remarkable case, which was treated with Digitalis, a sinapism placed over the cardiac region seemed to have assisted in restoring the action of the heart; the patient was an aged woman (*Æt.* 72), abandoned as hopeless by two allopathic practitioners, after plying her with brandy, calomel, &c., and when I first saw her, was blue, perfectly motionless, and the whole body bedewed with icy cold perspiration, without the slightest trace of pulse or motion of the heart. In about three hours complete reaction set in, and being compelled to quit the patient for awhile, the two allopathists were recalled in the interval, who immediately recommenced “throwing in” Calomel, gr. iij. every ten minutes, and washing it down with brandy. I heard the result afterwards, viz., that she lived four days, and then expired.

There is one point of vital importance to the patient throughout the treatment of Cholera, on which too much stress cannot be laid, viz., the absolute necessity of total abstinence from every kind of food, from the first moment the premonitory symptoms of cholera are manifested, until decided convalescence is apparent, which will be known by the tongue beginning to assume a natural appearance—because throughout every stage of this disease, from the premonitory diarrhoea to collapse, and throughout the typhoid state which too often succeeds, the digestive function is totally suspended, the nausea, rigors, disgust at the sight of food, and the rapid passage of undigested aliment, &c., through the intestines, are sufficient indications of the state of

the alimentary apparatus at the *commencement* of an attack of cholera ; and during the state of collapse and subsequent typhus, the cold white tongue, or bilious vomiting, are sufficient guides to the state of the digestive organs, and it is as absurd as it is pernicious to attempt to *force* nutrition while this state of things continues ; for as nothing which is introduced into the alimentary canal can be assimilated, food must act only as an additional cause of irritation, and aggravate the mischief already going on. While the disease is progressing towards the state of collapse, the patient will suffer from insatiable thirst, and heartburn, and the feeling of loss of appetite will degenerate to an intense feeling of sinking at the epigastrium, which increases till it amounts to perfect anguish, a sensation which the patient mistakes for the pangs of hunger, and which is probably owing to some morbid condition of the nerves composing the solar plexus ; sometimes an intelligent patient is aware that this feeling is not hunger, and yet he will imploringly demand oranges, apples, ginger beer, milk, broth, &c., and if these be given to him they will aggravate his sufferings by increasing the purging and vomiting, and anguish at the epigastrium ; they must be denied and withheld from him with firmness, a teaspoonful of cold water only being allowed him every few minutes, besides his teaspoonful of medicine, the stomach being thus kept as empty as possible, in order to have the digestive organs in a state of rest. And here it may be remarked, that if these observations on the atony of the digestive apparatus be true, and that the presence of a little weak aliment in the stomach is prejudicial, what must be the effects of the allopathic drugs which are so liberally given for the cure of cholera ? if light nutriment cannot be digested, how much less can chalk mixture, turpentine, and such like, be borne by the morbid stomach and bowels : herein consists one of the principal merits of homœopathy, that with whatever benefit it confers on the patient, it does not increase his danger by aggravating the atonic condition of his stomach and bowels. Post-mortem examinations of subjects who have died in the typhoid stage show that the mucous coat of the bowels is diseased, and the mesenteric glands enlarged, and therefore it is obvious that in such a state, digestion and assimilation of food is impossible, to feed the pa-

tient is consequently only to present a mechanical cause of aggravation to the organic mischief already commenced, and hasten his end, or destroy his only chance of recovery ; while total abstinence will afford that rest to the diseased tissues which alone can enable the vital power to rectify the injury of the mucous membrane. I have witnessed the recovery of several patients who were falling into this dangerous (typhoid) state, by keeping them entirely without food (in one instance for thirteen days) ; they all suffered that painful sinking at the epigastrium, so characteristic of the disease, and craved more or less for "victuals," but when, after a long fast, the tongue began to assume a more natural appearance, indicative of a return of some tonic to the stomach, this morbid craving subsided, the patients very contentedly desiring only the small quantities of beef tea, which were cautiously and gradually allowed, according to the well known rule of giving but small quantities of such diet to persons whose bodily powers are brought to a low ebb by adversity and starvation.

The theory of the homœopathic treatment of cholera cannot be explained more satisfactorily than the same treatment as applied in the cure of other maladies. The homœopathist can only be guided in the administration of Arsenicum, Veratrum, &c., &c., by the totality of symptoms presented while he waits for the consummation of the efforts of nature, during the trying period in which she is engaged in a very expensive process. The value of camphor in this disease may, however, depend on the property it may possess as an antidote to the miasm, whose power it may destroy, if used before the natural efforts have been compelled to resort to this expensive process ; but however this may be, the result of the *similia similibus* system of treatment is proved by credible reports from every part of Europe and America to be that which is attended by the largest percentage of recoveries, while there can be little doubt that under allopathic treatment, the drugs so liberally poured into the stomachs of cholera patients, in very many instances destroyed their only chance. It is not easy to perceive why chalk mixture should be expected to arrest this disease, seeing that it is not an acid secretion of the intestinal canal, which is its exciting cause.

Powerful opiates failed even to alleviate the spasms in nearly every instance in which I saw them used. Æther was equally valueless to stop the rapid progress of collapse; and the much bepraised mercurial treatment is pure empiricism. I happen to know a lady who was accidentally thrown into a state of severe mercurial salivation while cholera was prevalent, and when the ptyalism was at its height, she was suddenly attacked by cholera, which proceeded to an extreme state of collapse. Another patient* (a man) who had been salivated for ten days, still continued to suffer, not only from retching and green purging every half-hour, but the cramps had not ceased; and though taking an abundant daily allowance of rice, sago, &c., was rapidly losing flesh and strength—on stopping his allowance of food in toto, the cramps shortly disappeared after he had vomited a hard ball of inspissated food, the irritation caused by this hardened mass being no doubt the cause of the cramps, after which he absolutely gained strength on no diet at all; observing a rigid fast of four days the stomach and bowels became tranquil, and the tongue beginning to assume a natural appearance, single teaspoonfuls of beef tea were allowed at a time, on which he throve, and soon convalesced. Besides this man I saw five or six other patients who had escaped death during the state of collapse, and were in a state of severe ptyalism, in whom the symptoms were just exactly the same as they were in others who had taken no mercury at all, that is, they continued to vomit bright green fluid, or had dirty thin diarrhoea—extreme prostration, and superadded to these, the misery of salivation.

The following case of Asiatic cholera treated homœopathically, will serve to confirm the recommendation above given as to total abstinence from food during the course of the disease.

CASE I.

Samuel Bee, æt. 30, 11, Kent-place, Kent-road, boot and shoe maker.

The patient had recently attended the funerals of several persons who had died of cholera.

* Vide p. 231.

August 19th, 1849.—He came to my house about 9, p.m., having walked a distance of nearly half-a-mile, complaining of diarrhoea. He stated that two days previously he was suddenly seized with nausea and faintness while standing over the grave in which a cholera subject was being interred, and that his bowels had shortly afterwards felt uncomfortable; he was directed to take a few doses of Camphorated Spirits, (gtt. iij. every half-hour,) and total abstinence from food was recommended.

August 20th, 11, a.m.—He returned again, saying that the purging had rather increased, and that he had had six watery motions during the morning, of a leaden colour, attended by slight griping pain, nausea, and loss of appetite; he is chilly and low spirited.

Pr.—Veratrum gtt. iij. of the 3rd dilution,

Arsenic, gtt. iij. 3rd dilution,

One sixth to be taken alternately every hour.

August 21st—Purging undiminished, stools watery, slightly tinged yellow, constant thirst.

Pr.—Chamomilla, gtt. $\frac{3}{4}$ —Arsenic, gtt. $\frac{3}{4}$,

One sixth alternately every hour.

August 22nd.—He is less purged, (only twice since last report) feels better when walking or moving about at his work than when sitting; complains of faintness and weakness; sinking at the epigastrium; tongue coated brown; pulse small and weak; shooting frontal headache; intense thirst; disgusted at the sight of food; fermentation, or “rumbling and tumbling” sensation in the bowels.

Puls. gtt. $\frac{3}{4}$ —China, gtt. $\frac{3}{4}$,

The sixth part of each medicine to be taken alternately,
every two hours.

9 p. m.—He came to my house very low spirited; had been purged five times during the day; motions thin, dark, and bilious: painful sinking at the epigastrium; faintness, nausea, and disposition to retch; tongue cold.

Pr.—Camphor gtt. v. and half-an-hour afterwards, to recommence taking Veratrum and Arsenicum,
Half a drop of the 3rd dilution every hour.

Until to night he has continued at his usual avocation. After taking Camphor he went home and drank a cup of beef tea.

August 23rd.—At 1 a. m. I was called to see him, and found him in a very restless state, and much alarmed—retching, and complaining of a heavy load at the epigastrium, as if there were something which needed to be ejected from the stomach. (A tumblerful of tepid Camphorated water being now given, returned almost unchanged). He had been purged several times since I saw him at 9 p. m. last night, and though his skin was warm, his wife stated that when I was sent for, he had suddenly become cold and faint, she had placed a sinapism on the pit of his stomach; his pulse was 84 and tolerably strong.

The prominent symptom being nausea and vomiting of light tea coloured fluid, one drop of Ipecac. 3rd dilution, was given to him every five minutes for about an hour, then the interval was prolonged to ten minutes between the doses, and I left him, at 3, 15 a. m. apparently much relieved. During these two hours his tongue and extremities became cold and warm alternately every five or six minutes, and once he passed a few drops of urine; motions watery, slightly tinged yellow; constant oozing of thin mucus from the nose; excessive rumbling in the bowels; he says that the pain in his epigastrium is “like the gastric juice corroding the inner coat of his stomach.” A supply of Arsenicum and Veratrum was left with him, and he was directed to take the medicines alternately every ten minutes; a bottle of hot water was applied to his feet, but he disliked the application.

At 7 a. m. (Aug. 23rd) I found him in much the same state as before; but more restless, and incessantly asking for water, and milk and water; but his wife having been cautioned to give him nothing but frequently repeated teaspoonfuls of pure water, as yet he has had nothing else. He occasionally vomits about $f\frac{3}{4}$ iss. to $f\frac{3}{4}$ ij. of fluid like thick barley water; the dejections from the bowels are copious, colourless, and deposit a little white flocculent sediment; his tongue becomes cold and warm alternately every few minutes.

1 a. m.—Since 7 a. m. he has been taking Arsenicum and Veratrum alternately, in doses of one drop of the tinctures of the

3rd dilution, the doses being once or twice varied by globules of the same medicines of the 12th potency, and twice he took *Jatropha Curcas*, $\frac{3}{4}$, without any apparent alteration of his symptoms till about a half-an-hour ago, when his wife, overcome by his urgent entreaties, gave him some milk and water, in order (she said) that he might have something to retch upon. *In a few minutes after he had swallowed a glass of milk and water, he was seized for the first time with cramps in the legs and feet; the rice-water purging is now incessant; his efforts to vomit and anguish at the epigastrium are painful to witness; his eyes are deeply sunken; countenance much shrunk and altered; the skin of his face and neck alternately indigo and dark brown; tongue and skin permanently cold, the latter bedewed with cold sweat; his voice a hoarse and scarcely audible whisper; pulse nearly extinct.* About an hour after drinking the milk he vomited it, curdled in small, hard lumps about the size of large peas, and said that he felt much relieved. Soon after this the countenance began to look more natural, and the cramps ceased; he then resumed the alternate use of *Arsenicum* and *Veratrum*, one drop every ten minutes, until nearly 6 P. M., when the anguish caused by the sinking sensation and gnawing at the pit of the stomach appeared to become intolerable; he evinced great horror of his dangerous condition, and, tossing from one side to the other incessantly, begged earnestly for "nourishment;" and though warned by the results of drinking milk only a few hours previously, declared he should expire if something were not given him. A brother of the patient had just arrived from the country, and forthwith joined in the clamour by insisting that his demand for "victuals" should be acceded to; it was difficult to withstand the entreaties of the bystanders—but as, among other things, the patient asked for brandy and water, it was suggested to the brother, that an experiment should first be made by giving him a small quantity, in order that he might be convinced that even this would be pernicious; two teaspoonfuls of weak brandy and water were then given, which, in a few minutes, were duly followed by tremendous retching and cramps in the calves of his legs and

fingers, his countenance again becoming shrunk and dark coloured. This result had the effect of silencing the requests of the brother to give food to the patient; and just at this moment Dr. Curie came into the room, who recommended a drop of Pulsatilla to be given in four doses at intervals of half-an-hour. The treatment with Veratrum to be then resumed.

August 24th, 11 A. M.—He dosed for a few minutes at a time occasionally during last night, but continues cold though he throws off the bed-clothes impatiently and complains of feeling very hot; he is exceedingly restless; tongue cold and thickly coated white, having a sodden appearance; countenance not quite so cadaverous; retching diminished, and there has been no purging since midnight; he has passed a few drops of urine this morning; still complains of intensely painful sinking at the epigastrium, and is extremely impatient of the restraint on his taking “nourishment,” mistaking the characteristic sinking at the epigastrium for the pangs of hunger; he loathes each spoonful of the Veratrum mixture and retches after each dose, and yet craves for drink.

Pr.—Arsen. gtt. $\frac{4}{3}$ one-tenth, and China gtt. $\frac{3}{3}$ one-tenth alternately 2bus. horis.

10.30 P. M.—Dosed half an hour at a time during the day at intervals; is purged every two hours; retching diminished; alternately warm and cold every ten minutes; sinking at epigastrium, with craving for food continues, and he begs for Laudanum to relieve this pain; pulse small and weak, about 80; skin cold, but he complains of being hot. 11 P. M.—He suddenly retched violently, and ejected about $f\frac{3}{4}$ j. of dark green bile, which afforded instant and great relief to the sinking pain at the epigastrium, and then for the first time became composed, and dozed quietly for a long time.

Continue Arsen. gtt. $\frac{1}{3}$ every hour.

August 25th, 1 A. M.—Has slept constantly for an hour at a time since 11 P. M., waking only for a few minutes, and then dozing again after vomiting or purging a small quantity of green bile; he has also voided about half-a-pint of urine; surface is still cold, but the tongue is warmer and the pulse more marked; he complains of heat, but is not quite so restless.

Continue Arsenicum. 10 P. M.—Sleeps for an hour at a time; skin decidedly warmer; neither urine nor fæces have passed since 1 A. M.; he loathes a teaspoonful of simple water, and yet asks for nourishment to allay the sinking at the pit of the stomach, which is, of course, withheld.

Continue Arsenicum.

Aug. 26th, 4 P. M.—Improving, but restless and low-spirited; retches a little occasionally; tongue and skin rather warmer; voided Oj. of urine at one time, no motion of the bowels since noon; sleeps an hour at a time.

China gtt. $\frac{3}{4}$, one-tenth 4tis horis.

August 27th.—Improving; less restless; no motion of the bowels; sleeps and passes urine occasionally when he awakes; tongue furred in patches; is low and feeble; skin and tongue warm; retches and vomits a little green bilious fluid.

Digitalis gtt. $\frac{4}{5}$, one-twelfth 2bus horis.

August 28th.—Extremely low and feeble; pulse 68; low-spirited; no motion of the bowels; loathes the medicine; loathes beef-tea; craves milk and water; tongue moist and loaded; urine copious and limpid. No medicine. 11 P. M.—Milk and water was allowed him; but he had no sooner taken about f $\frac{3}{4}$ iv. than he began to retch violently, and at length, after great anguish, vomited a dark green substance in fragments, which, as they floated in water, exactly resembled hard fæces—but, on being washed, proved to be curdled milk, hard as cheese; while thus suffering, his face, nose, hands, and arms became deep purplish red; he is thirsty, but vomits after drinking; has passed much urine during the day; pulse weak, 60; he is constantly spitting; tongue loaded and moist.

Pulsatilla.

August 29th.—Slept well last night; he is very much better. No aliment allowed.

August 30th, about 10 P. M.—Last night his face, hands, and arms became deep purplish red, which continued about half-an-hour.

August 31st.—Much improved, but very feeble; is not restless; tongue cleaning; he is allowed a little chicken broth. No medicine.

September 4th.—He is dressed and walking about.

September 5th.—A natural motion of the bowels ; he is gaining strength, though he had no motion of his bowels until to-day since noon on the 26th August, viz., 11 days.

September 11th.—He went into the country convalescent, and has since done well.

The following case illustrates the danger of administering food soon after an attack of cholera, and is the one referred to at p. 225.

CASE II.

September 20th, 1849.—John Hives, aged 34, labourer. Ten days ago this man suffered an attack of Asiatic cholera, and was for some hours in a state of complete collapse ; when in that state he was treated by an allopathic gentleman, who gave him aromatics, stimulants, mercurials, &c. His mother says he vomited each dose of medicine as soon as he had swallowed it. When reaction took place he was fed with arrowroot and ground rice, and although he has continued to eat, he has been losing strength daily ; his gums are very sore and his teeth loose, from the effects of Calomel ; he vomits a thin grass-green coloured liquid every two hours, and is purged about every half-hour, the motions being of a dirty chocolate colour and very thin ; since he was in a state of collapse he has not ceased to suffer from cramps in the thighs, legs and arms, although ten days have elapsed ; his tongue is thickly loaded, brown and moist ; pulse 80 ; skin dry ; he is much emaciated.

Pr.—He was directed to cease from taking any food whatever, and to content himself with a small sip of cold water occasionally. Tinct. Veratrum 3rd dilution, half a drop every hour.

21st.—Last night he vomited a hard green substance as big as a hen's egg (inspissated food), and has not been sick at his stomach since ; he was purged twice during the night, though previously his bowels were disturbed every half-hour ; he has not been troubled with cramps since he threw up this hard substance ; his mouth is very sore.

Hepar gtt. $\frac{6}{10}$ 12th, 2dis horis ; he is directed to abstain entirely from food.

24th.—He is exceedingly feeble, and complains of great pain and sinking at the epigastrium.

Nux vomica $\frac{2}{12}$, a teaspoonful of beef tea to be taken occasionally.

29th.—This morning, after some painful efforts, he vomited a yellow hard mass as large as an egg, and then felt relieved of the painful sinking sensation at the epigastrium; there is a good deal of palpitation at the epigastrium; occipital headache; tongue red.

Pr.—Petroleum $\frac{2}{12}$, China $\frac{1}{12}$.

October 2nd.—Loose motions thrice a day; tongue red; occipital headache and vertigo; drowsy; the ptyalism is going off.

Sulph. $\frac{2}{12}$ bis; he is allowed to take a little solid food.

6th.—Improving in every respect; tongue clean and red.

Lachesis $\frac{2}{12}$.

8th.—Relaxed four times this morning, from eating some sour bread.

Puls. $\frac{2}{12}$.

12th.—He is convalescent and gaining flesh and strength.

ON THE POISON OF THE COBRA.

By DR. J. RUTHERFURD RUSSELL.

(*Read before the Royal Society of Edinburgh, March 3rd, 1851.*)

I HAVE thought it worth while to take up a small portion of the valuable time of this Society with the following account of a few experiments I have made with the poison of the Cobra de Capello (*Coluber Naja*), as I find the literature of the subject extremely meagre, and as I have hopes that the very mooted of the matter may elicit the experience and opinions of those who have had an opportunity of making observations upon this interesting, and as it seems hitherto much neglected province of natural science.

A friend, at my request, sent home two tubes containing a thick gummy liquid, said to be the poison of the Cobra. In the letter which accompanied the packet it was mentioned, that

one of the tubes contained the poison of three snakes, and that it had been tried upon some small animal with very speedily fatal results. It was also stated, that one of the men who took the poison from the snake, swallowed a whole poison-bag without its appearing to do him any injury.

The tubes were corked, enveloped in white wax, and wrapped in muslin and inserted into the hollow of a bamboo. The whole was carefully packed in a tin box.

On removing the coverings one of the tubes was found full, the other about two-thirds full. The contents were of an amber-colour; had a faint animal odour, and a peculiar acrid taste, which left behind a sense of constriction of the gullet.

The poison in the full tube I kept for making experiments, in its undiluted state, and that in the other tube I mixed with alcohol. The alcohol dissolved the greater part, but left a small residue, insoluble both in Alcohol and Ether. Being desirous of determining whether the soluble or the insoluble portion contained the poison, by Professor Gregory's advice, and with the assistance of Mr. Kemp, the following experiments were made :—

About one fluid ounce of the milky alcoholic solution was filtered; the insoluble part collected on the filter, was white; emitted a disagreeable odour when heated in a platina spoon, showing it to be of a highly azotized nature. It dissolved entirely in water, and when dried on a watch-glass, left a transparent non-crystalline film — this we shall call No. 1. The filtered solution, that is, the portion soluble in alcohol when dried at a very moderate heat, left a yellowish non-crystalline residue. I made the following experiments to determine whether the portion soluble in alcohol, or the insoluble portion was the most poisonous :—

Dec. 11th, half-past 8 P. M.—With the assistance of Mr. Kemp I introduced a small portion of No. 1 into a wound in the skin of the abdomen of a mouse; almost immediately the breathing became much agitated, the animal panted violently, and the hair became very rough; for some minutes it appeared very uneasy, but gradually improved, and next day seemed quite well. The following day a similar portion of No. 2 was inserted

into a wound in the same mouse ; again it seemed very uneasy, and panted violently ; this continued for about two hours, when Mr. Kemp had to leave the laboratory. Next morning it was found dead. On dissection the heart was discovered to be full of blood, and numerous ecchymotic patches were observed on the surface of the lungs, which were congested. No other morbid appearance was found.

From these two experiments I should feel inclined to infer, that both that portion of the substance which is soluble and that which is insoluble in alcohol are poisonous, although I am disposed to think that the soluble part is the more poisonous of the two.

The following Experiments were made with the undiluted Poison.

Exp. 1st—Sept. 17th, half-past 3 o'clock, p. m.—I put a little into a wound in the foreleg of a small rabbit, and afterwards into the mouth. For twenty minutes, except appearing dull, the animal showed no symptoms of being affected ; it then became sluggish, and died about 5 o'clock, *i. e.* an hour and a half after the poison had been applied. It died in a sitting posture, and after death it showed no appearance of having been convulsed. Examination twenty-two hours after death : a thin fluid exuded from the wound in the leg ; the lungs were collapsed, and the vessels on the right side of the heart loaded with very dark blood—both the right auricle and ventricle contained this dark coagulated blood ; the left auricle and ventricle were nearly empty ; stomach healthy and full ; small intestines were also healthy, but empty ; large intestines healthy, and very full ; liver, kidneys, and spleen healthy.

Exp. 2nd—Sept. 24th.—At 4 p. m. put a drop of the poison into a wound made in the fore leg of a small rabbit.

In three minutes afterwards it showed signs of langour and dulness ; in a few more the respirations amounted to 100 per minute. It continued in this way for twenty minutes, not moving unless compelled to do so. At the expiration of that time it suddenly revived—moved about quickly, and its eye brightened ; the respiration at the same time became much less

frequent, and it began to eat; in about a quarter of an hour it again became dull, shrank into a corner, and its breathing again became affected; it was quite recovered by the next day.

Exp. 3rd—Sept. 26th.—At 3 p. m. put a small quantity of poison into a wound behind the left ear of the rabbit used in the preceding experiment; the animal appearing at the time quite healthy; in about five minutes it seemed dull and lethargic, and in about other five minutes it hopped about apparently recovered, and began to feed. It became ill at 3 a. m. of the 27th; its breathing was very hurried, and it was either unable or unwilling to move, as it refused to do so on being pushed; at 6 a. m. it appeared convulsed, threw its head from side to side violently, and in this manner expired at 6.30 a. m.

Examined thirty hours after death. The parts around the recent wound slightly injected; the left side of the heart full of dark red blood—the right not quite so full; the lungs turgid with dark red blood. Abdominal viscera quite healthy.

Exp. 4th—Oct. 9th.—Put about two drops of the poison into a wound behind the ear of a small and healthy rabbit at 9.30 a. m. In two minutes it became dull and stupid, breathing very hurriedly, and in this way continued without moving, except once, when urged to do so, until it died perfectly quietly at 12.30 of the same morning.

Examined three hours after death. Body flexible, limbs not rigid, thin fluid oozing from the wound, with slightly increased vascularity of the surrounding cellular tissue; some dark fluid blood escaped from the vessels in the neck; all the cavities in the heart full of dark fluid blood; lungs collapsed; abdominal viscera quite healthy.

Exp. 5th—Oct. 16th.—At 2.40 p. m. a small quantity of the poison was inserted into the left shoulder of a small rabbit. In two minutes it became affected, retiring into a corner, where its breathing became hurried, and itself dull. In this way it continued for ten minutes, when it suddenly revived, and began to eat. It again became dull in two minutes, and revived again in three more, when it appeared to revive, and continued quite recovered.

Exp. 6th—Oct. 16th.—About three drops of the poison were

at 3 o'clock inserted into a subcutaneous wound made behind the left ear of a small rabbit. It showed the same symptoms as in the preceding in about three minutes. Its ear dropped, breathing 100 respirations per minute. For an hour it alternately shrank into a corner for a few minutes, then moved a little and began to eat; after that time it never moved. Paralysis of the lower jaw set in at about a quarter to 5, together with violent shakings of the whole body, every few minutes. It expired at 5.15.

On examination twenty hours after death no morbid appearance was seen, except that the lungs were of a dark red colour.

Exp. 7th—Nov. 22nd.—At 3 p. m. with Prof. Goodsir's assistance, I inserted two small portions of the poison into a wound in the cellular tissue of the abdomen, a little in front of the groin, of a mongrel bitch, a little larger than a fox. There was no bleeding from the wound.

7 p. m.—The bitch is quite well, and has past a semi-consistent brownish green stool.

9. 30, p. m.—A dark spot surrounded by a whitish margin, and beyond a red margin about $\frac{1}{8}$ th of an inch.

Abdomen of the affected side swollen. The following day it was quite well.

Exp. 8th—Nov. 7th—At 3. 30 put a small portion of the poison into a wound behind the ear of a large white rabbit.

Nov. 28th. Died during the night.

On dissection the lower margin of the right lung was found inflamed, and a coating of lymph on the pleura.

Exp. 9th—Dec. 5th.—At 3 p. m. with the assistance of Prof. Goodsir, inserted a small portion of poison behind the ear of a large rabbit. Two hours afterwards the animal was dead.

Dec. 6th, 3. 30, p. m.—The right lung was of a bright red colour. (The natural colour of the rabbit's lung is fawn.) The lower margin of the lung was of a dark red colour, and did not crepitate on pressure.

Exp. 10th.—I put about a drop into the mouth of a well grown rabbit, as much as was sufficient to destroy a similar animal when inserted into a wound; it appeared to produce no effect, except to give rise to an unpleasant sensation in the mouth, and the animal continued perfectly well.

The only important fact as it appears to me established beyond a doubt by these experiments, is, that snake poisons may be easily sent from India to this country, and I trust that a knowledge of this will enable those who have already established a more than European reputation in this department of investigation, to prosecute the subject in a satisfactory manner, and to make and record experiments with a fulness and accuracy of detail which is only to be acquired by experience, and for the want of which in this narration my inexperience is the only apology I have to offer.

CONTRIBUTIONS TO HOMŒOPATHY,

BY THE MODERN PARACELSISTS.

In a late number (xxxii), we called attention to the doings and sayings of Dr. Rademacher and his disciples, whom we designated "The Modern Paracelsists." We then shewed the points of contact between the doctrines of Rademacher and Hahnemann, and stated that if the views and facts adduced by the former were followed out to their legitimate deductions, they must inevitably lead to the acceptance of the whole homœopathic doctrines. From the organ of the sect to which the Rademacherian doctrines have given rise,* we make a few extracts, therapeutic and pathogenetic. The first, on the action of *bryonia* and *ledum*, is as good an illustration of the homœopathic therapeutics as we could find in our own clinical records.

The proving of iron, which we give in detail, is extremely important, and complementary of the Hahnemannian proving. We here see that iron does, to some degree, possess a positive tonic power, increasing the appetite and feeling of mental and bodily power for a certain period, but when continued longer inducing a contrary feeling of weakness and exhaustion. Another important circumstance this proving teaches us is, the specific action of iron on the urinary organs, which we have hitherto learned almost exclusively from its clinical use in Gonorrhœa Secundaria. Very remarkable also is the effect on the blood, to

* Zeitschrift für Erfahrungsheilkunst.

which we formerly (No. xxxii) drew attention. Altogether this proving is in many respects very valuable, and speaks much for the zeal and patience of the provers.

In the same Journal occurs another proving, namely, of the Nitrate of Soda; another of the *universal remedies* of Paracelsus and his exponent Rademacher: but though the provers seemed to have tested the drug to a considerable extent, the results do not equal their zeal, and there is little to be learnt from the records of their proving.

In the later numbers of the Journal whence we have extracted the following observations, we are sorry to notice a falling off from the simplicity and purity of the observations in the earlier numbers. The conductors have likewise ceased to prosecute their enquiries into the pathogenetic effects of drugs—possibly because they thought that by so doing they must necessarily soon lose all the distinctive features of their newly established school, and merely take a secondary rank among homœopathists—possibly because they found in the homœopathic writings provings of drugs in many respects better than those they themselves furnished. Theirs, we may observe, is the third attempt to ascertain the pathogenetic action of drugs we have had to notice, as having been made by persons independently of, or in opposition to, homœopathy. The first was by Prof. Jörg, noticed in our third volume, and the second by the Vienna Society of Physicians, of which we have given an account in our sixth volume.

ON BRYONIA AND LEDUM, BY DR. PLANGE.*

1. *Bryonia*. This remedy which was formerly very highly esteemed and renowned and known under the name of “Gicht-rübe,” (gout root,) has, in modern days, gone quite out of fashion. If it was occasionally prescribed, it occupied in prescriptions the inferior post of a so-called *adjuvant*.

The form under which it was kept in the druggists' shops was certainly not well calculated to make it an efficacious remedy, nor to make it appreciated. The root, which in its recent state is usually large and juicy, was dried up into small shrivelled

* From the Zeitschrift für Erfahrungsheilkunst, vol. i, p. 4.

slices, as hard as a bone, that had probably been kept thus for ten years or more. Accordingly the sixth Prussian pharmacopœia has excluded the poor unprotected *Bryonia* root from the thesaurus medicaminum.

If however, we consider the previous celebrity of *Bryonia*, some recent cures that have been effected by its means, some of these in the domain of domestic practice, its powerful action on the healthy, and finally, the pretty extensive application of it by the adherents of the rational specific school, (homœopaths,) deduced from its action on the healthy, we cannot refrain from doubting the propriety of that legal condemnation. Relying upon these circumstances, and influenced by no blind faith in high authorities, I resolved to institute experiments with the remedy at the sick bed, and for this object I caused a tincture to be prepared, by digesting for fourteen days the recent root with equal parts of rectified alcohol. I shall here detail three cases that fell under my notice.

The first was *an affection of the knee*. The patient, aged 25, had suffered for a considerable time, especially in spring and autumn, from *herpes furfuraceus*, which made its appearance in a mild form, chiefly on the arms, thighs, and shins; it used to go off in a few days, and then re-appear, the general health not being thereby affected. He suffered besides from periodical tearing pains in the joints, tearing in the head, and violent toothache; at one time in healthy, at another in carious teeth, chiefly previous to or on the occurrence of a change of weather. A few days before the malady I am about to speak of, he had been fishing for a whole day in the rain, and had rested the right knee for a considerable time upon a wet cold stone. Two days thereafter there occurred slight drawing in the right knee, spreading upwards into the thigh, increasing periodically in violence, and aggravated at night. The following morning the knee was swollen, shining red, motion painful and somewhat impeded. He walked that day for some time on the affected leg, but towards evening he was compelled on account of the pain and tumefaction, to go to bed. He drank tea in order to cause perspiration, and enveloped the knee in a hare-skin. The malady increased notwithstanding, and disturbed the sleep. Embrocation of Spirit of Camphor and Mercurial Ointment were of no avail. The following morning I tried the *Bryonia* tincture, five drops every three hours. Throughout the

day the disease remained stationary, but the night was quieter, and after midnight tranquil sleep ensued. On awaking the pains were considerably less, the swelling somewhat diminished. The medicine was continued throughout the day. The following night was tranquil, and he slept almost the whole time. On the third morning after the employment of the tincture, he was completely convalescent. He could again stand on the leg without pain, and move the joint. But the remedy was continued for several days longer, two or three times daily, in the same dose, and he gave the knee as much rest as possible. By the sixth day the cure was complete.

In the second case the anamnesis is simpler. The patient, aged 30 years, a baker, had always enjoyed good health with the exception of a periodic cough, caused by his unavoidable exposure to changes of temperature, that sometimes lasted several weeks. Last autumn he went out to enjoy field sports on an unfavourable day, when he scratched his right knee slightly in a bramble bush. The next morning the knee was swollen, red, painful, and motion difficult. The physician who was summoned found, on careful examination, that several thorns from the bramble bush were sticking in the skin; they were removed, and a poultice applied. This had been done without effect for several days, when I saw the patient. Examination with a lens showed no trace of any more thorns. The knee was swollen, very red, painful, movement impeded. I now allowed the poultices to be discontinued, the knee to be wrapped in a warm cloth, and kept quiet; internally I gave Tincture of Bryonia, three drops in water every three hours. The patient commenced this in the afternoon. The following night the pains in the knee were worse than before, of a drawing shooting character, and extending into the hip joint. Next morning, on the contrary, the pains were easily bearable; the swelling had much diminished during the night; the redness was only slight, and the shape of the knee almost normal. In the evening the patient could again put his foot to the ground without particular uneasiness. The next day the same treatment was continued, whereupon the patient again went to his business, and from that time felt no more of his malady.

The reader may judge for himself whether the above aggravation in the night after first taking the medicine was a *medicinal aggravation*, or a symptom of the disease, independent of the action of the remedy.

The third case was one of *hip-joint affection*. The patient 28 years of age, otherwise healthy, had got wet by rain during a walk in the morning, and had gone about during the day in his wet clothes. In the evening he experienced a paralytic weakness, a bruised feeling in the whole of the left leg, increased by the slightest motion. The next day the malady had increased; movement was painful and difficult. The chief seat of suffering now was the thigh and hip-joint. During all this time the patient had taken no medicine, had spared the leg very little, and had walked about as much as he could. The same day, in the evening, the pains increased, became shooting, came on in violent fits, and did not cease even when the patient kept at rest; no change could be detected externally. The night was restless, although the pains were not very violent—yet the uncomfortable, weary, and bruised feeling, did not let the patient sleep much. On the evening of the third day when he first consulted me, I gave him *Bryonia Tincture*, two drops to be taken every three hours, and enjoined rest. By evening the malady was already better, and he could again move his leg without pain. The feeling of prostration still continued; the next morning all the morbid symptoms had disappeared.

2. *Ledum palustre*.—This also belongs to those remedies which are now considered antiquated, and have never been properly appreciated by the schools. I have tried it frequently in practice, and here communicate two cases where it was useful.

Mrs. Z—, a needlewoman, 24 years of age, two years married, healthy and robust, experienced one day last winter a paralytic pain in the right hip-joint on moving it. When at rest she felt nothing, the pain was aroused by walking only; it did not extend, but, according to the patient's description, was confined to the hip-joint. No swelling or redness at the affected part. I could ascertain no cause for this complaint. In selecting a remedy, therefore, I was forced to confine myself to the symptoms of the disease. I prescribed an infusion of *ledum palustre*; but as the druggist had not the plant, I was forced to do something else in the meantime. Agreeably to the doctrine of a wide-spread school I made the diagnosis *chronic rheumatism of the right hip*, and prescribed a mixture in which were mingled several so-called anti-rheumatica, thinking that the right remedy would discover his enemy and beat him out of the field. Along with this I caused a Camphor liniment to be rubbed in. In all this I was true to orthodoxy, to whose *ars longa* my long pre-

scription corresponded. The effect, however, was not as I desired; the disease remained in *statu quo*. After a fortnight had been wasted in this manner, the *Ledum* at length came to hand. I caused a scruple of this to be infused in a chopin of boiling water, the infusion to be strained and a tablespoonful taken every two hours. In 2 days the affection, which was much relieved the very first night, had completely disappeared.

S—, farm labourer, 50 years old, came to me six weeks ago and complained that for several years past, when he was somewhat longer on the legs than he was used to in his agricultural occupations, he was attacked in from one to two hours suddenly, with the most violent pain in the hip-joint, with the sensation as if he had boiling water in the joint; he then required to sit down, and needed often several hours of rest before the pains remitted sufficiently to allow him to walk on. No change was perceptible at the part; pressure was borne well. When at rest, and during his usual occupation in the fields, he never experienced the slightest pain. In his early years he had suffered as he alleged from itch and rheumatic pains in the joints, but no further effects or after-ailments had resulted from the former. With the exception of the above ailment the patient was quite well. I ordered him to take that very morning six drops of Tincture of *Ledum* (prepared with one part of the plant to 10 of rectified alcohol) in a half-cupful of water, just before he had to make a long excursion on foot when he would have to anticipate an attack. Three weeks after this he reported to me that after using the remedy for eight days he was already much better; for, during a walk of four hours, he had no occasion to stand still and rest himself, but had only felt a few slight shoots in the joint. After using it for three weeks, he felt no pain although he had a severe walk of five hours' duration to come to me. The same was the case on the occasion of another walk of the same kind.

In another article by Dr. Plange on the efficacy of *Zinc. acet. in cynanche tonsillaris*, he says,—

Whilst I leave the reader to explain to himself the above action of Acetate of Zinc by any of the medical theories of the schools that will answer his purpose, I shall take leave to conclude with the remark, that the pathogenetic action of this remedy, in other words, its action on the healthy organism presents a striking resemblance to the above morbid symptoms. I might say, for brevity's sake, that in the above

cases it “acted homœopathically;” but I forbear mentioning the hated word, in order to avoid awakening disagreeable recollections in many of my readers, who are possibly living under the belief that homœopathy is long since dead and buried, that there was never anything in it but vain-boasting and error.

We now pass on to the proving of Iron by the adherents of Rademacher’s doctrines. The records of six provers are given, but as one was obviously in a state of ill-health at the time, we have omitted his proving as it offers nothing very remarkable and cannot be considered pure. We may premise that the drug was proved by men alone, which is a pity, as from the decided and known action of iron on the female system, we think it would have been highly useful to have had it more perfectly tested on women. However, let us be thankful for small mercies.

PROVING OF IRON.

The preparation of iron used was the *acetate of iron*, prepared by precipitating the Oxyde of Iron from a solution of sesqui-chloride of Iron, by means of caustic ammonia, and dissolving the precipitate in concentrated acetic acid. The provers took the medicine by dropping it into water; four ounces of blood were drawn from each person three days before commencing his experiment and the same quantity after its conclusion.

I.—S. P., aged 21, small made but very robust, of a blooming complexion, never ill since his 6th year. In 15 days, from the 12th to the 26th of July, he took $6\frac{2}{3}$ of a drachm of the *liq. ferri acet.* beginning with four drops four times a day, and increasing to 24 drops *p. dosi*. The following is the result given by an examination of the blood on the 9th of July and on the 26th.

1000 parts of blood gave :			
	Before the Iron was taken.		Afterwards.
Serum.....	465.2	.....	427.8
Dry residuum....	57.9	.....	37.9
Ashes	8.2	.....	8.6
Coagulum	498.0	.....	552.5
Dry residuum	167.7	.....	184.1
Ashes	27.9	.....	34.5

Before the Iron was taken.		Afterwards.
Red sediment	36.8	19.7
Fibrine	2.13.....	2.17
Water	758.4	789.6
Dry residuum	239.5	208.3
Fat	4.02.....	1.76
In 100) Salts sol. in water	8.1	9.5
parts of) Oxyde of Iron	0.8	0.9
Ashes) Phos. of Lime	0.4	0.6

Before the Iron was taken the blood was bright red, shewed few and small colourless blood corpuscles, a very large number of elementary corpuscles; it coagulated in 5' 54"; the serum was bright yellow, clear, alkaline; the clot firm and elastic.

After the Iron had been taken, the blood appeared dark red; the blood corpuscles very intensely coloured and their outlines very sharply defined; many and large colourless corpuscles were perceptible, but almost no elementary bodies. The blood coagulated in 8' 54"; the serum was clear, alkaline, dark yellow; the clot hard and elastic.

On the first days of taking the medicine, the 12th and 13th July, dose four drops, he felt immediately after taking it—*sensation of warmth and fulness in the region of the stomach*. After the second dose, on the 13th, at 10 a. m.—*sensation of weight in the head, compression of the frontal region and pressure in both temples*. These symptoms increased after the dose at 2 p. m. and a sensation of *congestive fulness in the head* occurred. The disagreeable pressure in the temples was diminished by lying quietly; cool air or applying cold things to the forehead had no effect. The symptoms were in full force when he went to bed.

July 14th.—He slept well notwithstanding. On awaking in the morning the frontal region felt freer, but the pressure in the temples continued. On taking four drops at 6 a. m. the feeling of fulness in the head increased; *all around him appeared larger and more majestic, he felt an inclination to attach great importance to small things, and his disposition was grave and serious*. No more medicine was taken. After sleeping for half an hour in the afternoon the head became well, all except the feeling of congestive fulness.

15th.—The night's sleep took away all the head symptoms, except a slight compression, and the medicine taken that day produced no symptoms.

16th.—(Six drops four times, at 6, 10, 2 and 6 o'clock.) Until 7 a.m., quite well. After that the head became always *fuller* and *heavier*; every beat of the vessels was felt in the temples. Joined to this was *a tickling in the urethra, especially in the navicular fossa*, and in the afternoon *urinary tenesmus*. Otherwise quite well, indeed *stronger than usual; very great appetite*.

17th.—(Six drops four times.) Sleep at night disturbed by very lively and anxious dreams; the head little relieved in the morning, but the *general feeling of strength greatly increased*. This increased in the course of the day, along with ravenous appetite, to a *desire to destroy things*, although the heaviness in the head increased; the *call to urinate, with the tickling in the urethra extending to the neck of the bladder* continued, and about noon some *oppression of the chest* occurred. Bathing in the river towards evening removed the pressure in the head, but it returned more violently afterwards.

18th.—(Eight drops four times.) Slept well; the pressure in the head continued, but did not increase during the day; the inclination to urinate continued, while the tickling in the urethra went off almost; the chest affection increased. He felt in the chest a *need to breathe deeply; slight stitches through the lungs; tension in the cardiac region*; percussion and auscultation revealed nothing; pulse 61, tense.

19th.—(Ten drops four times.) As yesterday, only that a sense of heat was again felt in the stomach.

20th.—(Twelve drops twice.) The increased sense of energy still felt yesterday, was no more felt on awaking this morning; it is succeeded by a sense of *relaxation in the limbs*. In the head the sense of pulsation continues, accompanied by a feeling of slight shootings; *the appetite is still considerable, but after each meal, be it ever so small, pressure in the stomach ensues*, a symptom the prover had never before experienced even after the most hearty meal.

21st.—(Fourteen drops four times.) Slept well; after rising, head pretty free; feels well, except a little weakness, which

increases in the course of the day ; the *call to urine continues* ; each time after taking the medicine feeling of fulness and warmth in the stomach ; pressure in the stomach after every meal.

22nd.—(Sixteen drops four times.) Head and chest almost free ; call to urine continues ; clean tongue, *but little appetite* ; pressure in the stomach after eating and taking the medicine, with constant sensation of heat in the stomach, but no pain on touching it ; the great redness of the complexion and the fulness of the face perceptibly diminished ; pulse 55, not large but full and tense.

23rd.—(Eighteen drops four times.) Heaviness in the limbs ; and the stomachic affection, as before, increasing after dinner to disagreeable drawing in the gastric region ; no stool.

24th.—(Twenty drops four times.) Appetite very much diminished ; with tongue furred yellowish grey ; head confused, mazy ; sensation of weakness and weight in the limbs ; no stool.

25th.—(Twenty-two drops four times.) The same symptoms increased.

26th.—(Twenty-four drops twice.) Pulse 54, small, tense ; on awaking in the morning *painful irritating sensation in the larynx, causing him to cough and hawk, increased by pressure on it*, but towards noon it goes off and is succeeded by a *similar sensation behind the upper third of the sternum* ; in hawking and coughing he *expectorates frothy, viscid mucus, mixed with black blood*, which often occurs till 4 p. m. ; auscultation reveals nothing but a mucous râle behind the manubrium sterni, and a sharper impulse of the heart ; the head is constantly mazy ; the diminished strength is betrayed in the deportment and in the countenance. (V. S. at 6 p. m. *v. supra.*)

27th.—Pulse 60, somewhat fuller but still tense ; air passages free, except some tickling in the trachea, felt especially on inspiring and causing tussiculation ; mental and corporeal depression ; tongue furred ; taste insipid ; little appetite ; firm stool ; towards evening attacks of drawing pain through the abdomen.

28th.—Air tubes quite free ; otherwise as yesterday, except that the griping in the bowels is greater and lasts all day ; soft stool.

29th.—Pulse 67, still tense ; after rising in the morning *severe epistaxis*, which relieves the head ; *much mucous sediment in the urine* ; general prostration ; gripes moderate but constant ; a hard stool.

30th.—Pulse 68, less tense ; gripes almost gone ; head nearly free ; weakness and heaviness in limbs continues ; copious and soft stool.

31st.—Decrease of the weakness ; increase of the appetite ; tongue not yet clean.

August 1st.—Pulse 70, pretty full and soft ; perfectly well.

2nd.—Pulse 75, the normal amount before the proving ; no further symptoms occurred.

Though in this case the call to urinate was much increased, so that the prover had frequently to pass water two, three or four times as often as usual, the quantity of urine was scarcely different from that passed during health. The *colour of the urine* was altered in the last six days of taking the medicine, it became reddish, its specific gravity increased from 1.005 to 1.025. It had always an acid reaction, less marked towards the last. As regards the stools : whilst the habit of the prover before the experiment was to have generally two soft stools in the twenty-four hours, the bowels were frequently constipated whilst he took the medicine. The *fæces* were always formed ; from the third day of the proving they became greenish, then dark green, and at length black.

II.—F. L., 31½ years old, tall and robustly made ; healthy, except a tendency to bronchial catarrhs.

From the 21st June to the 16th July, he took one ounce three drachms of the *liq. ferri acet.* The following is an analysis of the blood drawn on the 17th June and 16th July.

1000 parts of blood gave :

	Before taking the Iron.		Afterwards.	
Serum.....	422.8	.....	425.4	
Dry residuum....	44.7	.....	37.8	
Ashes	5.6	.....	7.3	
Coagulum	510.8	.....	531.2	
Dry residuum....	189.8	.....	190.3	
Ashes	29.4	.....	33.3	

	Before taking the Iron.	Afterwards.
Red sediment	66.4	43.4
Fibrine	2.65.....	1.9
Water	767.25... ..	783.0
Dry residuum.....	230.10.....	215.1
Fat	——	——*
In 100) Salts sol. in water 4.7		12.0
parts of) Oxyde of Iron 0.8		0.7
Ashes) Phos. of Lime 0.4		0.3

Before taking the Iron the blood was darkish red, and shewed many moderately coloured blood-corpuscles, but few and relatively small colourless ones. The serum was bright yellow, alkaline ; the coagulum compact and elastic.

After taking the Iron : blood deep and dark red ; very deeply coloured blood-corpuscles, many and large colourless ones ; serum dark yellow, alkaline ; clot hard.

He began his proving on the 21st June, with ten drops three times in the twenty-four hours, and increased the dose until the 26th by five drops a dose, and took thereafter for three days thirty drops four times a day. Then, on account of the abdominal symptoms, he paused four days. On the 4th June he again began with one drop four times a day, and increased daily each dose by a drop.

The first doses (of ten drops) caused a feeling of fulness and heat in the stomach, that lasted scarcely ten minutes after taking them. But on the second day this no longer occurred. With the exception of a pressing sensation in one or other temple, which occasionally occurred for a minute or so, and a slight confusion of the head that rapidly went off on taking exercise, his health, in spite of the large doses, until the 26th of June was not only not disturbed but he even felt mentally and corporally more energetic, and even long walks did not fatigue him. The appetite was increased to an extraordinary degree, he often ate twice as much for supper as usual without satisfying it.

On the 27th June, however, he awoke with *painful pinching and rumbling in the belly*, along with *insipid taste, dryness*

* This is not stated, because in the first analysis the vessel containing the fat met with an accident.

in the fauces, and *some nausea* ; touching the abdomen did not cause pain, and the symptoms disappeared several hours later after a copious evacuation of the bowels ; the appetite that evening was greater than ever.

28th.—After quiet sleep he awoke again with the same colicky pains, which were relieved by the emission of much flatus and especially by a plentiful motion ; but all day there remained slight traces of the pain, that was aggravated transiently by each dose of the medicine ; appetite excellent notwithstanding.

29th.—After uninterrupted sleep for five hours, he awoke with rumbling and pinching in the abdomen, which was full and tense ; an attack of which occurred every 10-15 minutes, each time relieved by emission of flatus ; a marked relief was obtained by a large stool, and the belly-ache was only troublesome *while he was seated*, but a disagreeable tension and fulness remained all day. The appetite was not diminished, but the taste was slimy ; the tongue furred, white ; and the discomfort increased soon after taking any kind of food. The first dose of the medicine excited repugnance, though it had never done so before ; the following doses made him sick, though he diluted them with a large quantity of water ; at the same time he experienced heaviness in the legs, general debility, and disinclination for bodily and mental exertion ; pulse 62.

He now left off the medicine, and in two days all the symptoms went off ; the pulse rapidly increased in frequency, and on the 3rd of July it was 73 per minute. On that day also the *fæces* which had hitherto been greenish black, became again brown ; nothing but the great appetite remained to remind him of the action of the Iron.

Very different was the effect of the smaller doses that he commenced to take on the 4th of July. The epigastrium remained free ; the appetite continued good ; the general feeling was not affected ; the head and chest remained free, with the exception of the pulse becoming slower—on the 7th it was 63. On the other hand there occurred on the 6th July, in the evening, a very troublesome *tenesmus vesicæ*, that commenced with tickling in the navicular fossa, and compelled him to make water very

frequently ; whereas on the 5th July he made water ten times, on the 6th he did so sixteen times, each time from one to two ounces, altogether twenty-six ounces. This symptom attained a great height and became exceedingly troublesome, and was conjoined with accompanying *tenesmus recti* ; the latter lasted only four days. On the 7th July he had to go to the night-stool three times ; on the 8th, five times ; and on the 9th and 10th, six times. He never left it quite satisfied. The *feces* consisted chiefly of small hard lumps, evacuated with much effort, a more copious and softer evacuation only occurred once a day ; the *feces* preserved their brown colour till the 9th July, and after that became green and greenish-black.

On the 10th July the call to urinate reached its climax, on which day he was scarcely able to go through his professional duties, as he must make water every five or ten minutes. *This symptom always ceased completely at night* ; it continued almost uninterruptedly from 8 a. m. till about 5 p. m. ; it was somewhat relieved by constant sitting, and by lying ; when he was out walking and resisted the inclination it ceased at length almost entirely. This symptom persisted though the medicine was discontinued on the 11th or 12th. From the 13th to the 16th he now took twenty drops, three times a day, without remarking any change, excepting a slight increase of the secretion of mucus in the urine.

After leaving off the medicine the symptoms rapidly declined ; after three days the urine was again clear, and formed no sediment, but fourteen days elapsed before all traces of the vesical *tenesmus* disappeared ; its form, however, was sensibly altered, for it showed itself more distinctly as a *neuralgic* affection. Twice a day, generally between 8 and 9 a. m., and between 6 and 7 p. m. there suddenly occurred a *feeling of tickling and heat in the glans*, accompanied immediately by an *irresistible desire to make water* ; if he yielded to it, *as soon as the urine reached the glans*, there occurred a *very disagreeable pulsation* therein, with *increased tenesmus*. This pulsation continued usually some minutes after the evacuation of the urine. The attack could be removed by quickly drinking a large quantity of water, and strongly compressing the glans with the finger ; the last attack of it he experienced was on the 2nd of August.

The normal state of his pulse was 76 beats per minute; during the first eight days of taking the iron, it fell to 62. In spite of great exercise and the hot weather, it became smaller, but fuller and more tense. During the cessation from the medicine, it rapidly got up to 78, but remained tense. But on resuming the medicine, in three days it sank to 68. From the 7th of July, it increased in rapidity, perhaps owing to the urinary tenesmus. In the first period its specific gravity rose from 1.005, 1.010, up to 25, and the colour changed from a straw-yellow to a reddish hue.

During the first period the stools were increased, and were partly soft, partly firm, generally from two to three hours later than usual. The normal brown colour changed after the second day of taking the medicine, to greenish and blackish green.

III.—C. R., aged 25, strong, of ruddy complexion, took in fifteen days, from the 1st to the 15th July, one ounce of *liq. ferri acet.* beginning with two drops four times a day, and increasing to twenty-six drops four times a day.

The following are analyses of his blood on the 29th June and 16th July :—

1000 parts of blood gave :

	Before taking the Iron.	Afterwards.
Serum.....	881.6	454.1
Dry residuum	60.5	42.8
Ashes	7.0	7.5
Coagulum	583.8	505.8
Dry residuum	291.9	185.4
Ashes	25.5	27.8
Red sediment	84.6	80.1
Fibrine	2.03	1.89
Water.....	701.9	763.4
Dry residuum	296.0	234.7
Fat	1.7	3.9
In 100 parts of		
Salts sol. in water	11.3	12.0
Oxyde of Iron	1.3	0.8
Ashes ... Phos. of Lime	0.7	0.6

Before taking the Iron the blood was bright red, with moderately coloured blood-corpuscles and few colourless ones; it coagulated in 5' 38"; the serum was yellowish, clear, alkaline; the clot rather soft.

After taking the Iron the blood had a dark red colour, and besides the deep coloured blood corpuscles, many colourless ones were observed; it coagulated in 5' 30"; the serum was yellow, clear, and alkaline; the clot soft.

During the first three days of taking the Iron the feelings were not altered, with the exception of an *increase of the appetite*; on the fourth day there occurred a sensation of *tickling in the urethra*, beginning during the emission of urine, and lasting some seconds after emptying the bladder. Along with this tickling, which increased from day to day, and gradually involved the whole urethra, there occurred *urgent desire to pass water*, which gave rise to frequent evacuations of the bladder during the whole time of taking the medicine, but the quantity of urine evacuated was not sensibly increased; this symptom soon went off after discontinuing the medicine. The specific gravity of the urine was little changed. During the whole time the urine is described as *reddish yellow, sour, and clear*; during the whole period likewise, the *bowels were constipated*, being moved only every two or three days; they used to be regular every day, and became so immediately on leaving off the medicine. On the days when the constipation occurred, there was repeated fruitless call to evacuate the bowels; the *fæces* after the fifth day were always *dry, and dark green*; three days after the last dose they were again soft and brown.

On the seventh day a *very uncomfortable pressive feeling in the abdomen, especially in the region of the stomach*, occurred after the second dose that day; touching the place caused *pain*. This symptom generally disappeared half an hour after taking the medicine, but recurred after every new dose; was especially severe in the evening, when it was accompanied by *embarrassment of the head*; taking a walk immediately after swallowing the medicine either entirely prevented its occurrence or shortened its duration. Except a perceptible diminution in the brilliancy of the complexion, no other alteration occurred in this prover's health.

IV.—R. S., aged 21, strong limbed, thin, pale, took in twenty-five days, from the 29th June to the 23rd July, two ounces of *liq. ferri acet.*, beginning with five drops, and increasing to fifty drops for a dose.

The blood drawn on the 25th June and 23rd July showed the following condition :

1000 parts of blood gave :			
		Before taking the Iron.	Afterwards.
Serum.....	448.2	.....	435.2
Dry residuum	64.6	.....	40.2
Ashes	6.6	.....	6.7
Coagulum	519.4	.....	524.5
Dry residuum	231.4	.....	174.7
Ashes	17.4	.....	28.3
Red sediment	32.4	.....	40.8
Fibrine	2.4	.....	1.7
Water	756.1	.....	778.0
Dry residuum.....	241.5	.....	220.3
Fat	1.9	.....	1.8
In 100 parts of	} Salts sol. in water 18.5 Oxyde of Iron 2.5 Phos. of Lime 1.0	.....	23.5
Ashes. .		.....	1.4
		.....	0.9

Before taking the Iron the blood was bright red ; the colour of the blood-corpuscles light ; few, but extremely large colourless ones were observed ; the blood coagulated in 7' 50" ; serum yellowish, clear, alkaline ; clot pretty firm.

After taking the Iron the blood was still unusually light ; the blood-corpuscles were strongly coloured ; but few and small colourless ones were observed ; coagulation in 8' 20" ; serum as before, clot firm and elastic.

After each V. S. a feeling of fainting occurred. In spite of the long and vigorous use of the Iron, few symptoms occurred in this prover ; no urinary symptoms were observed, and in the head only slight confusion occurred occasionally.

For the first half of the period there occurred in the digestive organs only an occasional feeling of increased warmth in the abdomen, especially in the stomach, along with pressure, tension and pricking, which always went off, or was prevented by

motion immediately after taking the medicine. Even during the last half of the period the large doses only caused those sensations occasionally when taken on an empty stomach. During the 2 last days of taking the medicine the pricking in the abdomen came on, as also during the day. During the first 4 days after leaving off the medicine, he was tormented *by colicky pain*, with very few intervals of ease, its severity was variable, movement had very little influence on it; on satisfying the call to stool that occurred some relief was obtained; *partaking of food increased the pain*. It did not disturb the rest at night, and *only came on after rising*. The abdomen was not swollen nor sensitive to touch, the tongue was latterly slightly furred white, the appetite not impaired.

On the 3rd day of taking the medicine the fæces became *greenish*, then *greenish-black*, and at length quite black, at the same time firmer—indeed, so extremely hard, that the whole force by the abdominal muscles was required to expel them. On exceeding 26 drops for the single dose they again became loose, indeed at length quite soft.

Twice, on the 3rd July and again on the 16th, *hoarseness*, with a feeling of *roughness in the larynx* ensued; the first time it lasted three days, the second time eight days. Each time the solution was swallowed a sensation of constriction was experienced in the fauces.

The first fortnight the mental and bodily energy was increased; but in the latter half of the proving period there occurred a feeling of *weakness, laziness, disinclination for bodily and mental activity, fatigue on the least exertion*, especially on walking. In the last days of taking the medicine, and four days after leaving it off, he had *an almost insuperable inclination to sleep under all circumstances, and at all times*.

The pulse repeatedly sank from the normal 70-74 to 68-62, and was always very full and tense, even for some days after the second V. S.

V.—C. H., aged 20, stout and strong-limbed, pasty; skin disposed to perspire easily, tendency to rheumatic affections and catarrhs; at this time well, except a slight chronic bronchial

catarrh. He took in 17 days, from the 10th to the 26th of July, $1\frac{1}{2}$ oz. of *liq. ferri acet.*, rising from 5 drops to 40 per dose.

The blood drawn on the 6th and 26th July shewed the following composition :—

1000 parts of blood gave :			
		Before taking the Iron.	Afterwards.
Serum.....	397.1	.....	379.2
Dry residuum....	46.2	.....	37.3
Ashes	7.9	... ..	4.6
Coagulum	569.3	.....	562.0
Dry residuum....	225.6	.....	168.6
Ashes	32.8	.....	32.9
Red sediment	86.6	.....	58.8
Fibrine	2.8	.....	2.1
Water	747.3	.....	789.1
Dry residuum.....	249.8	.....	208.8
Fat	1.02	.....	1.32
In 100 } Salt sol. in water	11.0	.....	13.5
parts of } Oxyde of Iron	1.0	.....	1.0
Ashes.. } Phos. of Lime	0.5	.....	0.6

Before taking the Iron the blood was bright red, with light coloured corpuscles and few colourless ones. Coagulation in 6' 57"; serum yellow, clear, alkaline; clot firm, elastic, deeply-cupped, with a thin buffy coat. After taking the Iron, blood deep red; blood corpuscles deeply-coloured, and very many colourless ones; coagulation in 6' 4"; serum and clot as above.

Soon after taking the first doses there occurred *tension* and *rumbling* in the stomach; increased on the second day, but decreasing on the third, and going off entirely on the fourth. But on the ninth day these symptoms increased to *pressure* and *weight* with *pinching*, extending from the stomach all over the abdomen. These symptoms were worst in the morning and evening, and sometimes accompanied with inclination to vomit. They attained their maximum on the 12th day (112 drops per diem). Although after this still larger quantities were taken, they gradually went off excepting a slight feeling of tension in the stomach.

The appetite notwithstanding this was increased; the digestion excellent; no constipation, only transient tenesmus recti felt once or twice. The colour of the fæces commenced to change soon, and ran through all shades, from greenish-brown to black. The third day after leaving off the medicine the normal colour had returned.

In the urinary apparatus there was only occasionally transient urgent call to urine and frequent emission, not worth mentioning. The prover's vascular system is very excitable, but not much difference was observed in the frequency of the pulse, and only after taking the Iron 10 days, was a greater tension of it noticed and an increase of the heart's beats.

During the first days of the proving he felt an increased feeling of health and mental and bodily energy; but on the fourth day a *feeling of weakness and weight in the limbs* ensued. Along with this there was remarkable *alteration of the disposition, ill-humour*; he felt *inclined for nothing*; was *indifferent* even to things that on other occasions interested him; everything appeared on the dark side, he could not be cheered up; memory seemed to fail him; the head all this time remained free from all pain. This alteration of the disposition seemed to be independent of the abdominal affection. On the third day after leaving off the medicine there occurred *sediment in the urine*, and a *peculiar odour of the perspiration*. His face lost in fulness and roundness, but it also lost its pasty bloated appearance, and looked firmer and fresher.

PROVING OF SUMBUL.

By Mr. W. CATTELL, of King's College.

THIS recently introduced root is a vegetable product of some portion, as yet undetermined, of Asia; Bucharica in the Mogul empire, north of Mount Thibet, according to the botanists Ernam and Von Ledebour; Trebesond and Persia, have also their advocates, but little beyond conjecture is really known of its habitat. It comes to us through the Russian market at Moscow, *via* Kaitke from central Asia, as a thick, homogeneous, single root, from two to four inches in diameter; from its porosity we

may presume its nature to be aquatic, that it grows in moist places, or by the banks of rivers; of the specimens obtained some are tuberous, others fusiform, but without any fibrils. The external surface is generally dusky brown and very tough, thin, and wrinkled; on making a horizontal section, we find the inner substances to be arranged in concentric layers of very light-grey coarse irregular fibres. Its odour is that of the finest musk, which is communicated to the breath for half-an-hour after taking the tincture or masticating the root, perceptible even to the person himself. It has the taste of, to many, an agreeable, bitter; according to Reinsch's analysis it contains besides water, traces of an etherial oil, two balsamic (resins) *soluble in æther*,—hence this substance should be conjoined with alcohol in its preparation,—the other in alcohol; also wax, aromatic spirit and a bitter substance soluble both in water and alcohol." From ʒ xvij of the root he obtained ʒ jss of Balsam, and from this extracted crystalizable Sumbulic acid, gr. x.

There is at present much difficulty in procuring specimens of the root, since Savory, having obtained almost the monopoly, refuses to part with it except in his preparations; those we have procured are from Germany by means of Mr. Schweitzer, of East Street, Brighton, who has lately received some very fine samples.*

The Sumbul, according to Dr. Granville's† pamphlet, from which we have before quoted, has awakened considerable curi-

* Mr. Headland has prepared triturations and the other forms of Sumbul from a portion of this supply.

† This author, in a pamphlet of 40 pages under the title of "Sumbul," has recorded in the greater part, observations and remarks wholly foreign to the subject, and keeps himself and his drugs constantly before the readers. The following note to his remarks upon the increased frequency of sudden death amongst the higher classes is worthy of being transcribed:—"Among its many causes I reckon homœopathy, or the *prolonged use of poisonous substances*; (!!!) hydropathy, or the act of rudely interfering with the natural functions of the heart and brain; also the burning of gas in sleeping apartments, lately introduced, and the *mistaken horror of cupping due to a most dangerous publication, entitled 'Fallacies of the Faculty.'*" (!!) We commend to this gentleman the friendship of Dr. Dick, who again charges us in the *Lancet* with giving "doses of Bi-chloride of Mercury, which no Allopathist would think of exceeding."

osity in the medical world from its association with the Russian method of treatment in collapsed cholera, the hydra which defies all the knowledge and resources of allopathy, that owns with sorrow its unavailing power.* The deaths were reduced from half to one-third of those attacked at St. Petersburg, and this was in a great measure attributed to the beneficial action of Sumbul in producing re-action. Dr. Tillmann, of the Petro-Paulowsky Hospital, where it was most extensively used, found this power so great as to demand the strictest caution from its tendency to induce *cerebral excitement and typhoid fever*, a result often witnessed in the Russian hospitals.

In Persia it is used as a household remedy against "*mephitic or depressing exhalations*, especially in mines."

Dr. Reinsch, before quoted, states its efficacy in nervous atrophy to be undoubted. Drs. Tillmann and Richter (of Moscow) have employed it *with very marked benefit in low and nervous fevers succeeding typhus*. According to Pereira (Pharmaceutical Journal, 1848) Dr. Martiny, of Darmstadt, has used it successfully in all cases of *dropsy* depending on impaired nervous organism. Dr. Granville has found it most efficacious in *hysteria*, and speedily cured a case where the patient complained of corkscrew pains in the *left region* of the uterus and its appendages, which had long baffled the skill of allopathy; in another where a young lady near upon the critical age, after the discharge of a gathering at the head of the psoas muscle, suffered with *hysterical spasms*, a few doses of Sumbul removed them; in a case of *deficient nervous power*, in a childless married lady, who had suffered much from dysmenia, it was also of great benefit.

Of its benefit in *epilepsy* nothing at all satisfactory has yet appeared; relief was afforded in one case where the disease was *spinal* and the attacks nocturnal and weekly; in cerebellic epilepsy in an unmarried middle-aged lady, with sudden falls forward, foaming at the mouth, and unconsciousness after the attack, of its having taken place: during the exhibition of Sumbul they became less frequent and shorter in duration, and appear

* At the Westminster Medical Society last summer; and again Elliotson's Practice of Physic; Dr. Bushnan's new work on the Cholera—we believe him to be the editor of the *Medical Times*, and therefore an "authority."

to have subsided. Two cases at King's College Hospital also received benefit from this remedy.*

SUMBUL.

SUM.—Root of the Sanbul or Sumbul.

ANTID.—*Camph.*, *merc.*, *spig.*, and the following ?

COMPARE WITH—*Acon.*, *arn.*, *asp.*, *bryon.*, *calc.*, *camph.*, *chin.*, *chin. sulph.*, *coff.*, *con.*, *coral.*, *crot.*, *hep.*, *hydr.*, *ign.*, *iod.*, *lach.*, *lyc. merc.*, (*mosch.*), *natr.*, *natrum.*, *n-vom.*, *op.*, *petr.*, *phos.*, *phos-ac.*, *plat.*, *plumb.*, *puls.*, *ran-sc.*, *rhus.*, *rut.*, *sel. seneg.*, *sep.*, *sil.*, *spig.*, *stann.*, *sulph.*, *verat.*, *zinc.*

DURATION OF ACTION.—Three to four months.

CLINICAL REMARKS.—The following are some of those diseases in which this remedy will probably be found beneficial:—Influenza; cold in the head; catarrh. *Coryza*; coryza with chronic stoppage at the nose. Affections chiefly of left side? and in the nervous and sanguine temperament? Nervous atony, debility. Impotence; effects of venereal excess. *Balanorrhœa*? Inflammation of the conjunctiva (left eye?) *Ascarides*. *Diarrhœa*? *obstinate constipation*. Catarrh of the bladder. Catarrhal, nervous, intermittent, or verminous fevers. *Dysmenorrhœa*. *Phimosis*. *Epilepsy*? *Chorea*? *Pleuritis*, especially in left side. *Incipient phthisis*? Diseases of the heart. *Porrigio scutellata*?

Commenced Aug. 1, with gtt. x at night mother tincture, and gr. xx morning; no symptoms for one or two days; ʒ ss night and morning, and then every four hours; afterwards the dose was divided into gtt. ij every hour, then ʒ ss of 1st dilution.

Aug. 4th.—Dry *transient heat all over the body* increased by exertion; it comes in flushes from within to the surface; heat in the skin which is ruddy and becomes moist; pulse 70, weak, low, and irregular. Shootings in right hypochondria. Itching in genitals, with increased desire; tensive pulsation in left spermatic chord when walking.

* At King's College Hospital, where it has been used extensively in an *unusually large number of cases* of epilepsy during the present year, very little perceivable benefit has been derived; it was the only medicine employed—in fact only *one or two cases* have been affected at all, and those were cases depending on syphilitic causes, which were treated by other remedies. Before the employment of Sumbul the *Cotyledon Umbilicus* used to be similarly exhibited in this hospital, but has been found useless.

5th.—*[Sensation (painful) as if internal ligaments and coverings of right knee were loosened, on stepping; transient] morning.—Tenacious mucus in throat; stuffing at root of nose; sneezing. Constipation two days; stool soft, preceded by flatus.

6th.—Itching in prepuce. Sensation of slightly-benumbing constriction in brain, as if contracted—morning.

7th.—Left testis became suspended. Stool hard; borborygmi. Fulness in head and its vessels, with sensation of dizziness, and oppressive fulness in the forehead and over eyes. Gnawing pains in right hypogastric region below last rib. Sleepiness in morning, with languor. Weakness in forearms.

8th.—Tired feeling of insufficient, unrefreshing sleep; sleep prolonged in morning, with difficult arousing from falling suddenly asleep again, with vivid dreams. Skin peels off the nose in dry patches. Voice like speaking through the nose, from obstructing mucus at root of nose extending down into throat; evening.

9th.—Constipation for three days; emission of fetid flatus. Febrile heat, dry skin or clammy perspiration, pulse 78, irregular. Sneezing. Bruised beaten feel in muscles of the arms; listlessness and languor. Stool large, slightly fetid. Oppressive fulness and heaviness in forehead and over eyes. Phlegm in throat. Bruised, beaten sensation in muscles of the arms, chiefly in triceps of left arm. Want of relish for animal diet and stout; languor; tongue covered with moist brown coating; pulse 80, low and weak. Dry heat in abdomen, which flushes to the skin; pulse sinks to 70, irregular; palpitation of the heart.

10th.—Excessive weakness and beaten sensation inside left arm and in triceps. Sneezing; languor and oppression, weariness and lassitude. Borborygmi; heat in abdomen under the navel, feverish heat in abdomen and stomach, whence it rises into the throat and head, and flushes to the skin which becomes moist. Constipation without desire to evacuate, as if from constriction of the anus.

11th.—Sensation of fulness and heaviness in abdomen. Stool large, soft. Palpitation of the heart, with transient flushes of heat. Aching, beaten sensation in muscles, chiefly triceps, of left

* Did not appear again—symptoms enclosed thus [] are doubtful.

arm. Erosion, burning heat and rawness in the throat, with phlegm (tenacious mucus). Voice rough. Stool soft, paplike. Slight brown coating on tongue; clogged sensation in body, especially in head and stomach; want of relish, and taste clammy; appetite great without thirst. Pressive oppression in forehead. Gnawing pains in right hypogastric region. Sensation of throbbing in nape of neck, in abdomen, and lumbar region. Lancinations and biting pains in left breast, increased by a deep inspiration. Twitchings in left eyebrow. Burning, dry heat in stomach rising into throat; tongue feels rough as if scraped. Fulness in head, especially forehead and cerebellum;—oppressive fulness in forehead. Heat in nape of the neck. Pulsation in nape of neck, and between shoulder-blades, with heat—mother tr. $\frac{3}{4}$ ss in $\frac{3}{4}$ ij doses—night.

12th.—Tongue covered with brown coating in morning (on awaking). Sickliness and faintness all over; sinking of the heart, which beats softly as if in water. Shooting pains and throbbings in sacrum, 6 p. m. Eructations of wind; saliva increased, 7 p. m. Pain and heat in forehead; melancholy, no desire for labour, even intellectual; evening. Sickliness; heat in throat; breath feels hot; pulse 90, strong. Shootings in right hypochondrium, whilst walking.

13th.—Sudden sensation of some foreign body in left eye, like grit or dust, which seems to diffuse itself over the eyeball and obscures the sight; eye cannot bear the light, 5 p. m.; worse at 6 p. m. lacrymation; it cannot be opened more than half-way as if eyelids were swollen, and very painful when closed, so as to disturb sleep.

14th.—Awoke at 5 a. m. with aching pain in left eye, the pressure of the closed eyelid very painful; red streaks across the cornea towards external canthus. Inflammation of conjunctiva of left eye towards external canthus; sensation of some fixed grit or foreign, sharp substance which grates against the eyeball when turned outwards; aching pains in left eye, worse when moving it; eyeball cannot easily be turned outwards. Heat in tongue and throat, and in stomach. Dull pain of temples; dull pain and tensive fulness in head, increasing at 6 p. m. 8 p. m. Great heat and perspiration whilst walking slowly; heat after

the least exertion ; the heat comes in flushes, followed by moist skin. Left testis continues suspended.

15th.—Sleep prolonged in morning with vivid dreams. Tongue white, with slight brown crust in centre and at back ; morning. Heat and burning sensation in genitals, in the evening, 6 p.m.—8 p.m., chiefly in perinæum between the thighs and glans penis. Increased sexual desire ; abundance of amorous ideas. Soreness of extremity of penis from friction of the clothes in walking. Glans penis and lining membrane of prepuce painful and irritable ; tingling in glans penis ;—left scrotum hot and inflamed ; skin in places excoriated, leaving a bright red surface beneath. Shooting pains and sensation of great heat in left testis, and burning pain. Soreness and rawness in the throat. Erythema of scrotum on left side, exactly to raphé, and of glans and lining membrane of prepuce ; redundant secretion of smegma behind glans near frenum. Mirthful, witty, inclined to gaiety ; continued smiling ; calm, contented ; amorous, fond of the society of women ; cannot feel compassion. Heat in skin of whole body, especially in hands (which are ruddy and the veins distended), and in feet.

16th.—Dull pain in forehead over eyes ; langour. Sneezing. Sense of flabbiness and rawness in left scrotum, in morning. Emission of hot offensive flatus—pulse 82, full ; greasy * sweat. Burning tinglings in glans penis ; prepuce and glans moist with a watery saltish smelling fluid ; excoriation of left scrotum. Pulse 74, strong, *very irregular* ; feverish heat in flushes, transient, with moist skin, pulse very compressible during the flush. Mirthfulness and smiling, nothing disturbs. Aching rheumatic pain from right knee to ankle externally when walking ; tensive pains in left side just below axilla. Extremity of prepuce thickened ; phimosis ; excretion of whitish curdy matter abundantly between glans and prepuce ; glans and prepuce bluish-red and swollen ; testis on left side dark red, entirely excoriated ; saltish smell from genitals, and secretion of saltish smelling fluid. Round sore elevations of the cuticle on left parietal bone, painful when touched, dry and coming off in dry scabs, at different times ; chiefly in a line over ear.

17th.—Harshness, roughness, and slight tickling in throat ;

* Usually clammy or greasy sweat.

sneezing. Tongue white and brown streak down the middle, wider at back ; morning. Constipation. Stuffing in nose, with diminished smell. Dreams vivid in morning, sleep prolonged like half-sleep, difficulty in arousing oneself. Shooting pains in extremity of penis. Sensation of heat and uneasiness in nape of neck, along cervical spinal chord. Vertigo on stooping and from using warm water ; fainting, swimming before the eyes ; loud singing and hissing in both ears ; weakness and trembling ; sickliness and sight obscured ; inability to stoop from vertigo ; evening. Secretion of greenish-yellow pus from excoriated surface of scrotum ; voluptuous itching, tickling in prepuce. 6 p.m. —Flies troublesome and continually settle on the skin, which is moist with clammy perspiration ; throbbing in left side of sacrum. Watery coryza. Perspiration in flushes ; heat which rises to the head ; giddiness, langour and sleepiness in afternoon and at 6 p.m., with protracted sleep at night (till 1 a.m.) Sensation as of cobwebs being moved over different parts, first of cerebellum and then over face ; heat and profuse sweat at night in bed.

18th.—Sleep prolonged in morning. Coryza of yellow mucus ; complete stuffing in the nose ; hoarseness and tenacious mucus in throat, which renders it convenient to keep the mouth constantly open. Feverish heat, transient, in frequent flushes ; pulse 96-100, *very irregular*. Dryness in mouth and throat, no thirst, no relish for food, taste clammy. Langour, debility ; feel ill. Sensation as if skin of face were tightened. Mirthfulness ; smiling good humour ; wittily inclined ; sympathy with suffering seems robbed of its pain. Sensibility to cold air, especially to the least draught. Constipation. Want of sexual desire ; discharge from glans, aqueous ; itching in extremity of prepuce at intervals ; (biting, stinging, pleasureable sensation)—evening.

19th.—Shootings, tensive pains in lower right hypochondrium. Urine clear when passed, with white small shreds floating ; after some hours there forms near the bottom a white cloud, floating, easily disturbed, in which the shreds appear like white spots ; white sediment passes freely and painless, but feels hot to glans ; *aching* in left testis. Loss of smell, and taste deficient ; tongue white with slight brown in centre and at back ; morning. Tenacious mucus in throat of sweetish taste. *Cold in the head*

worse in the morning. Coldness of the body; pulse *very irregular*, 66, weak, low and occasional quick full beats, *compressible*. Dryness and heat of lips and mouth; tickling in throat. Heaviness in head and forehead. Skin dry, (no sweat) pale and cold, with empty vessels, followed by clammy sweat. *Hacking cough*, from irritation in throat as if from warm air ascending spirally;—in day time. Sensation of cold air over lumbar region of back. Urine passes clear, quickly, painless and free, bright reddish yellow; feels hot in its passage through glans; after some time the cloudy white floating appearance, disturbed, is seen at bottom; phimosis; constriction of prepuce a little above extremity (which is swollen), retaining drops of urine. Breath at times hot to the hand, offensive; pulse 70, very irregular, strong then narrow, *compressible*. Tongue rather flabby, pitted with the impress of the teeth on its edges,* papillæ at apex enlarged, papillæ conicæ and filiformæ slightly enlarged, coated white with brown crust at back. Constipation (for nine days) without inclination. Coryza; aqueous running from nose. Emission of flatus. Aching in left eye from (artificial) light.

20th.—Hoarseness and tenacious mucus, sweet-tasting, in throat, causing hawking but without detaching it upwards; tightness, tensive stretched feeling across chest between left breast and sternum, and in left breast, worse on inspiration; morning. Pulse 58-60, with occasional powerful quick beats; coldness in the whole body; morning. Heat after dinner in flushes; pulse rises to 88; slight palpitation of the heart. Tickling, pleasureable itching in preputial extremity at intervals; 6 p.m. Skin dry, as if washed in acid water. Pulse 70; cough in the evening; langour, weariness; appetite variable, large at one meal, absent at the next, without relish; thirst for wine—
evening.

21st.—Coldness all over the body without flushes of heat during the day; skin dry, as if washed in acid water; cough in morning. Constipation for eleven days; stool passed with slight straining, compact, without lumps, rather soft; evening. Nose sore about edges from cold aqueous coryza. Thirst for stimulants, especially wine, in the evening; breath offensive.

* As in collapse fever, small pox, &c.

22nd.—Phimosi (partial) and without pain or tenderness. Dream of coition, accompanied by profuse *sudden* emission, and awaking lying on right side. Tongue white with brown crust at back; appetite good; hacking cough; morning. Tensive pains in muscles of neck along left shoulder over superior edge of shoulder-blade. Coldness and dry white shrunken skin; pulse 52-6, compressible, very irregular. Fit of hysterical laughter and tears; heat in flushes all over the body; skin of hands ruddy and their veins distended; pulse 90, followed by moisture on the skin; morning. Sensation of cold wind in lumbar region of back. Urine clear and as before. Tenacious mucus in throat, greenish. Tickling in extremity of prepuce at intervals; 6 p. m. Desire for wine; heat in flushes all over the body; hands ruddy and their veins distended. Transient flushes of heat; pulse narrow; mucus in throat tenacious; evening.

23rd.—Tongue dirty brown at back; morning. Dream of coition, with profuse *sudden* ejaculation and awaking, followed in morning by dulness over eyes and in forehead, and difficulty in retaining or collecting ideas; sleep prolonged in a half waking sleep, with vivid dreams of having already risen and drest, dream influenced by occurrences in next room. Thirst for stimulants, evening; wine tastes very agreeable but does not satisfy or allay the desire. Sleepiness after a walk; evening. Shooting pain in first upper molar of left side, extending into cheek.

24th.—Sunbeams affect the head, which feels full of blood; sensation of heat and uneasiness with fulness in cerebellum, extending to spinal chord; dulness in head, dizziness; inability to stoop from giddiness. Uneasiness and sensation of swelling in spinal chord and nape of neck, chiefly *on left side*, slight prickings and throbbings as if about to inflame, excited and increased by heat, especially of the sun; uneasiness in nape of neck and trembling heat, chiefly in left side below cerebellum, extending in a less degree down the spinal column to sacrum. Trembling heat, as if along nerves of back and neck, during the day, with a feeling of insecurity and want of confidence in self-control over the movements. Tranquillity, indolent good humour, mirthfulness. Shooting pain in first lower molar, left side—morning. Stool, with great expulsive efforts, preceded by sickness, com-

motion of intestines, and sickly pain in left iliac and inguinal regions, rather soft, very long and thin, with sensation as if rectum protruded and anus were not closed—6 p. m. evening. Warmth all day; heat transient, in flushes; pulse 88, irregular—morning. Sensation of cobwebs moving over face at 10 p. m. in bed.

25th.—Forcing-down pains, commotion in intestines and sickness, especially in left abdomen; stool rather soft, passed suddenly with sensation of rawness in anus; pain and uneasiness as if rectum protruded at anus—morning. Sensation as if rectum protruded, uneasy dryness at anus which does not seem closed, painful when walking. Urine clear yellowish red, cloudy floating appearance forms in bottom, oily pellicle on surface. Shooting pain from back of ring finger to wrist of left hand (along ulnar nerve)—at night 10 p. m. Clearness of intellect, especially in evening.

26th.—Soreness, as of excoriation, in upper part of throat, on left side near tonsil, painful when speaking; at noon. Hacking cough at short intervals, from irritation in throat, as of hot air rising spirally; 6 p. m. and evening. Tenacious obstructing mucus in throat, with hoarseness. Vivacity; hastiness. Itching tingling in prepuce; evening. Intellect very clear; evening.

27th.—Urine clear, yellowish, red, with small white floating shredlike particles, which after a time fall into the cloudy appearance at bottom, like white spots; whitish sediment; soreness, as of excoriation, in throat and upper part and back of mouth, left side; noon. Nervous heat; pulse irregular, 82-88, compressible, narrow, occasionally strong; heat especially in hands, which are ruddy, and veins distended, and in feet and skin. Oppressive dull pains in forehead; desire for wine; evening—intellect clear in evening.

28th.—Sleep prolonged with light sleep, difficult arousing; dreams vivid; amorous dreams; morning. Cough hacking, from irritation in throat, as of hot air rising spirally; morning, noon, and evening. Stuffing in nose, *extending down its chamber; always worse half an hour after a dose*; breath hot and balmy in mouth, hot to hand and to the lips, in expiration from the nose; heat in throat which makes breath hot like warm balmy air; weariness; nervous excitement and heat, es-

pecially in head from listening to a disputation ; evening. Urine clear, with few white floating particles, deposits a reddish brown sediment, thick and muddy, with oily pellicle.

29th.—Coldness, in morning ; sensation of cold wind in lumbar region of back ; itching in skin of nose ; morning. Hacking cough, troublesome, frequent, excited by speaking, and tickling in throat ; morning. Lassitude, especially in the limbs, chiefly left arm and leg ; languor and oppressive dull pain in the forehead. Appetite deficient, especially for animal food ; want of taste ; taste clammy at noon ; with eructations and taste of food (herring) many hours (8) after eating. Shooting pains in cardiac end of stomach, (left hypochondrium) ; oppressive dull pain in forehead ; nausea all day. Faintness and vertigo, with swimming in the eyes on stooping. Absence of sexual desire, (since left scrotum healed) as if from physical weakness ; erections few, and without pleasure. Humour fidgetty, nervous excitability ; cannot continue reading, restless ; irritability and agitation, from harsh music ; evening. Eructations with taste of bread ; 7 p.m. Tickling in throat, inciting to cough ; 6 p.m. Tingling heat in feet and palms of hands ; heat in flushes to the skin ; hands ruddy ; veins distended ; evening. Gnawing pains in right hypogastric region ; evening. Taste of horse chesnuts ; night—(after half an hour, dose $\frac{2}{15}$ th).

30th.—Sleep prolonged ; many dreams, never disagreeable or frightful. Coldness in morning, especially hands and feet ; those of left side feel icy cold, benumbed ; sensation of cold wind in lumbar region. Weariness and fatigue from the least exertion, especially in muscles of arms and hands, chiefly on left side. Urine clear last night, with white shreds ; after standing becomes thick and muddy at bottom, and deposits a rosy-pink sediment, which clings to the vessel when shaken about ; oily pellicle. Physical weakness. Soreness, as of excoriation, in upper part of throat and back of mouth, left side, at noon. Pain in forehead after dinner, dull ; fullness in forehead ; giddiness on stooping. Great appetite ; (for bread) — Sneezing ; stuffing in nose ; 6 p.m. and evening. Nervous excitability ; restlessness whilst reading ;—pricking pains in left side, close under ribs ; evening. Anxious activity, with physical weakness and

debility; emaciated, face very pale, thin. Hands ruddy, and veins distended; heat in flushes; general warmth, pulse very irregular, compressible; heat followed by moist skin; evening. Abdomen full, and distended, with sensation of heaviness. Tensive pain in left breast; evening. Taste of horse chestnuts, night—after ($\frac{2}{15}$) half an hour.

31st.—Constant want to swallow, with accumulation of tenacious mucus in throat, and increased saliva; morning. Tightness under left breast. Cough hacking, which detaches sweet mucus into the mouth; stuffing in the nose and its chambers, of thick bright yellow gummy mucus; morning. Urine clear, deposits a whitish sediment, which adheres to the vessel when moved about. Twitching pain in left iliac region. Pulse strong, compressible, *very* irregular; heat all over the body, and in flushes;—tongue elongated, red; slight desire for wine; evening.

Sept. 1st.—Tongue white, elongated; morning. Sleep prolonged; dreams many and vivid; dull constrictive pain in forehead on rising; weariness. Heaviness in the head; stuffing of yellow mucus in nose, the root, and chamber, extending down into throat; obstructing mucus in throat; sneezing; cough from tickling in throat, as if to clear throat; 9 a. m. morning. Slight gnawing pains in right hypogastric region; morning. (Cough ejects sweet mucus into mouth.) Emission of offensive flatus; abdomen distended. Faintness on hearing music, the loud notes jar in the head. General warmth; heat in face, hands and feet; hands ruddy, distended veins; pulse 72, very irregular, compressible. Heat in flushes; pulse narrow, compressible, 94, very irregular (now at 66, now 100). Abdomen very distended, heavy (not hard); emission of flatus. Stuffing in nose; 6 p. m. and evening. Tendency to fainting from stooping or excitement. Stool passed with difficulty, (after six days constipation) in pieces and gritty; 7 p. m. Sneezing. Sensation of something moving in rectum; 8 p. m.—Cough hacking, from tickling in throat, at intervals. Dry tingling heat in skin, and hands and feet; hands ruddy, veins distended; followed by moist skin; pulse full, very irregular, compressible; evening. Itching in prepuce, at night. Intellect clear; evening. Wakefulness at night, but fall asleep soon and easily.

Sept. 2nd.—Sleep prolonged in morning; many most agreeable dreams; amorous dreams. Stuffing in nose of thick tenacious yellow mucus, at root of nose and its chambers; voice obstructed by mucus in throat; hoarseness; morning (after 9 a. m.). Stiffness and pain in muscles of neck at back, on rotating the head. Urine deposits whitish cloud; covered with oily pellicle. Itching in prepuce; morning. Emission of flatus. Constant swallowing; cough from tickling in throat, at intervals; morning. Tickling in lining membrane of prepuce. Cold in the head; heaviness and oppressive fulness in forehead; pain in left temple; coughing and hiccup; shaking hacking coughs. Appetite good; no relish for stout; want of relish, and loss of smell. Tensive pain near top of sacrum, left side of back, when walking. Heat in flushes; heat all over the body; afternoon and evening. Tingling in extremity of prepuce; 6 p. m. Taste of bread; 7½ p. m. Singing (as of a kettle) in right ear; evening. Thirst for stimulants; frequent transient flushes of heat all over the body; general warmth; dry tingling heat in skin; fulness of hands and feet; hands ruddy, with distended veins; heat in head and face, followed by moist skin; evening—intellect clear; evening.

3rd.—Sleep prolonged; many vivid dreams. Stuffing in nose and its chambers. Hacking cough. Emission of flatus. Mistakes in writing; mild, good humoured; excitable. Tensive pain and gnawing in right hypogastric region, worse on a deep inspiration. Abdomen full, distended. No relish for stout. Hands cold, clammy; morning. Tongue covered with moist brown coating, papillæ red, enlarged; morning. Emission of flatus; stool rather soft, sudden; 7 p. m. Intellect clear; evening.

4th.—Emission of flatus. Tensive pain in left side under ribs, in a line with the nipple; worse on inspiration; morning, 9 a. m. Voice obscured. Palpitation of the heart, from the least exertion. Tensive pains over stomach, cardiac end, and through left breast; slight *shootings* in cardiac end of stomach; evening. Sensation of heat and throbbing in nape of neck, left side. Tenacious mucus in throat; morning. Sensation of approaching diarrhoea; pains in abdomen, lower part. Cold clammy sweat; emission of much flatus; coldness in the lumbar

region. Fetid soft abundant stool; afternoon. Appetite great; 6 p. m. Dull pain in left side, (under axilla, in a line with nipple); evening. Transient heat in flushes; tremblings; tremulous tingling, dry, in palms of hands and feet; palpitation of the heart; 9 p. m. Itching in the skin; miliary spots on back, especially right shoulder-blade and hip, which provokes scratching till they bleed; 10 p. m.

5th.—Sleep prolonged in morning; vivid agreeable dreams. hoarseness; 8 a. m. Nose becomes stuffed at root and in chambers; and constant swallowing, 9 a. m. Tongue covered with moist brown coating on awaking; papillæ red and raised. Cough from tickling in throat; two or three single coughs in succession. Coldness externally; hands cold, and lumbar region; morning. Headache; tensive aching pain over eyes, and in forehead, especially left temple; 6 p. m. and evening. Urine clear; plentiful, shreds few, slight cloudy sediment.

6th.—Tenacious mucus in throat; morning. Coughs in series, 10-11 a. m.—sleep prolonged; morning—vivid dreams.

7th.—Sleep prolonged, with agreeable vivid dreams; morning. Tongue covered with moist brown coating; papillæ red, enlarged; morning on awaking. Sneezing. Stout at dinner, followed by pyrosis; oppression in forehead; eructations of wind; nauseous feeling in throat; 3-5 p. m. Offensive flatus; constipation.

8th.—Flushes of heat; pulse accelerated; afternoon.

9th.—(gt. v. 15, *fasting*.) Urine clear, passed last night; deposits a thick muddy white sediment, and is thick. Clogged sensation; abdomen hard and heavy; stool preceded by tremor and cold clammy sweats and forcing; at 6 p. m. Frequent want to urinate, with sensation of the bladder being empty, or nearly so, and small emission; evening. Heat in the evening, with some flushes of dry heat and tremblings, followed by moist skin; tongue glazed; watery increased saliva, and frequent swallowing; sneezing; copious secretion of saliva. Shootings in left spermatic chord; 10 p. m.—(gt. v/O *fasting*.) Respiration see ¶ 17, *only less intense there*. Eructations of wind; 11 p. m.

10th.—(gt. v/O *fasting*.) *Stuffing in nose* of yellow tenacious mucus, copious, obstinate, and continuous, on waking, increas-

ing at 9 a. m. Tenacious mucus in throat after 9 a. m. *Hands cold*. Flatus. Sneezing. Heat in the evening; flushes of dry heat; tremulous all over; hands red, and the veins distended painfully, especially in left hand, which empties on raising the arm, but becomes painfully distended on depressing it. Palpitation and jerking of the heart at intervals, worse during the flush of heat, and especially after drinking stout. Flushes of heat which ascend to the throat, mouth, and head; breath feels hot; thirst for wine; it tastes very agreeable, whilst stout always tastes heavy, and leaves a clammy insipid aftertaste, as if flat, and is not relished. Desire increased, with frequent erections; tinglings at intervals in glans. Humour merry, smiling; *intellect dull in the morning; clear in the evening*. Eructations of wind in the morning, (11 $\frac{1}{2}$ a. m.) with taste of last food (bread). Gnawing pains in right hypogastric region, under last ribs; evening. Eructations of wind and pyrosis, with taste of last food, (bread); 10 p. m.—(gt. v/O).

11th.—(gt. v/O *fasting*)—Sleep prolonged; vivid agreeable dreams of recent events. Aching in belly of biceps of left arm when extended or touched. Tenacious obstructing mucus in throat, and increased saliva, with frequent swallowing. Hands cold; morning. Tenacious yellow mucus copiously formed in nose, worse *in left nostril*; nose dry towards the alæ. Frequent want to urinate, with small quantity at a time; it forms a pellicle, oily and thin, becomes thick and muddy at bottom, deposits a tenacious rosy sediment, adhering to the sides of the vessel; (gtt. v/O *fasting*).

12th.—($\frac{5}{8}$) Urine frequent in small quantities. Sneezing. Fatigue after walking; 7 p. m. ($\frac{3}{8}$ $\frac{5}{8}$) Stuffing in nose. Aching in belly of left biceps when extended or touched; itching at intervals inside point of nose. Stool 2 p. m. with want from 9 a. m. Watery coryza 8 p. m. Gnawing pains in right hypogastric region. Tenacious sweet mucus in the throat; abdomen heavy and inflated; sensation of bloatedness, puffy fulness, extending as high as the sternum, uncomfortable, especially on stooping or lifting the leg. Red spots on shoulder-blades, with itching, bleeding when scratched at 10 p. m.; ($\frac{3}{8}$ $\frac{5}{8}$ *fasting*).

13th.—Flatus. Sensation of cold wind in lumbar region;

morning. Eruption of smooth small spots, reddish on face, chiefly forehead ($5\frac{1}{2}$ noon). No desire for animal food or beer, little appetite at dinner. Tinglings in lining membrane of prepuce; shootings up the left side of penis and tinglings. Frequent want to urinate in small quantities; (every three or four hours). Itching inside nose at tip; evening. Gnawing (biting) in right hypogastric region under ribs. *Medicine discontinued*—13th September.

14th.—Sleep prolonged. Stuffing in chambers of nose, extending down towards throat; morning. Urine clear yellow, passed in small quantities, and deposits a rosy sediment, which adheres to the vessel. Urine thick and muddy, clear on surface, with thin oily pellicle. Want of relish for food and beer, which tastes flat and insipid and heavy. Stool; afternoon. Flushes of dry heat; hands red; veins distended, especially on left hand; heat all over, followed by moist skin; palpitations, *jerkings* of the heart; evening. *Nose stuffed* at root, obstructing mucus in throat, increased watery saliva and frequent swallowing. Gnawings in right hypogastric region; evening.

15th.—Stuffing in nose; dry tremulous burning heat whilst walking, followed by moist skin. *Hands cold*. Heat all over the body, increased by a warm room; ebullition of blood in the head; lightness and exalted feeling. Urine reddish brown, clear, forms slight white cloud at bottom.

16th.—Uneasiness in left shoulder, above superior edge of shoulder-blade, and tensive pain. Stuffing in nose. Skin dry as if washed in acid water on hands; hands cold, with frequent flushes of heat and red hands, veins painfully distended. Stool 9 a. m., hard in lumps. Obstructing mucus, hoarseness, and increased saliva, constant swallowing. Heat in flushes, with moist skin; evening. Urine reddish brown, clear, with slight white cloud. Oppression in left chest, clogged sensation, as if it were difficult to force the blood through that lung, worse on stooping. Rawness in the throat; evening.

17th.—Awake at 4 a. m. with constriction at the top of the gullet, constant swallowing, obstructing mucus in throat and mouth, tenacious and thick; attempts to clear the throat by a sound like croup; the breathing is impeded, but better when

lying on the back ; sensation as if a film were formed round the top of gullet ; choking constriction ; chest on left side feels loaded and oppressed. Many dreams, dream of falling from a great height. (Bov., Dig., Mang., Nux vom.) On rising : the voice gruff, base and hoarse ; obstructing sweetish mucus in throat ; tongue coated white, rough ; voice becomes clearer after a short time. Urine (passed last night) clear reddish brown, white light cloudy sediment. Slight stool, in hard pieces, 9 a. m. Oppression in the forehead and dull constriction over the head, chiefly from forehead to occiput ; head heavy. Left arm weak and easily fatigued. Prickings in left chest, in a line with nipple externally (a few inches). Dull tensive pains in left chest under armpit and near nipple, in a line with it externally. Dull pains through the left chest, worse on moving the left arm or leaning forward. *Anteriorly*, under left clavicle on inspiration a shrill whiffing slightly jerking tubular sound, the jerks perceptible throughout inspiration, but the shrill tubular whiffing perceptible only at the commencement of inspiration. These physical signs much modified since 8th. (Arn.)—The action of the heart full and sharp, strokes at times irregular, beating rapidly eight or ten times then slowly (like Arnica heart). (Spigel.) Inspiration on right side normal. *Posteriorly*, over left scapular region an indistinct mixed murmur and purring sound, similar to that which has been supposed to depend on muscular contraction, and often associated with rheumatism (like Spigelia) ; this sound is not heard at all *anteriorly*. *Laterally*, on a line with left nipple, when the inspiratory inflation has been about half completed, there are two most distinct inspiratory jerks, but nothing of the tubular whiff. A similar jerking inspiratory murmur very distinct below left nipple over seat of pain, but on right side no such jerking to be discovered either *anteriorly* or *posteriorly*. * Cough single, hacking in the morning at intervals. Shoulder strap falls over left shoulder (as if it were emaciated), (*constant from commencement*), the same suspender if removed to right side does not move from its place. Irritability afternoon and evening. Itching inside nose at point, thrusting of the finger into the nose ; bitings and sensation of something moving in

* Examined by Mr. Wilson.

rectum near anus, at night. Eructations of wind, 11½ p. m. Dull tightened pain in left chest on blowing the nose. Aching pains down left arm, and in knuckle-joint of its forefinger. Hoarseness and rawness in throat, towards night. Nausea and oppression in forehead, chiefly left temple, 11 p. m. Urine reddish brown with light small cloud at bottom.

18th.—Sleep prolonged ; dreams of personal diseases and injuries. Picking the nose. Disposition mild, amiable, smiling. Prickings in left pectoral muscle on moving the arm. Thick whitish coryza, and diminished smell, morning. Heaviness and fatigue in the legs in the morning on awaking, as after excessive walking. Slight dull oppression on temples, especially the left, and over left eye. Aching pains as if bruised down left arm ; the skin between the fingers of left hand is sensitive and sore when rubbed. Heat, burning near the surface of the body ; skin pale bloodless, at intervals in the afternoon. Palpitation of the heart, violent and visible, prolonged after running upstairs. Aching, as if bruised, in the left clavicle, increased by moving the arm—evening. Tightness, tensive pain in left chest under breast, especially during inspiratory inflation. Heat in flushes ; hands red, with distended veins, particularly in left hand ; heat in left side and cheek, skin on left cheek moist with perspiration ; evening. Flatus. Heat, followed by perspiration, chiefly in palms of hands and face—evening. Stool brown, rather soft, easy, with bitings in rectum near anus, evening.

19th.—Heat and perspiration during and after walking ; the heat rises to the head and left nape of neck, causing faintness and vertigo, especially on rising from a seat, moving quickly, or after drinking a little wine, or running upstairs, or looking steadily on any object not directly before the eye ; hands neither pale nor red, veins not distended, and feel cool, with heat in the head, face, especially left cheek and neck ; sensation of throbbings in neck and nape of neck on left side ; heat increases the symptoms. Tendency to faint from the slightest cause ; nervous excitability ; the blood seems circulating quickly in the head, especially on left side. Humour depressed, with despair of the future. After beer—eructations and slight burning pyrosis, with taste of beer—4 p. m. and 10 p. m. Watery coryza ; aloe of nose sore, worse morning and towards night.

20th.—Stool 9 a. m., rather hard, in pieces, preceded and followed by perspiration and external heat, which shortly changes to external coldness with tremblings and cold sweat. Humour became cheerful and happy again this morning. Painful pulsation in left temple, 7 p. m. Palpitation of the heart after drinking beer, increased by paying attention to it. Urine reddish brown, forms a copious oily pellicle, which on being moved adheres to the side of the vessel, has a rosy coating and deposits a rosy sediment.

21st.—Heat and copious perspiration whilst walking, always after drinking warm fluids, especially tea; the sunbeams cause ebullition of blood, as if the blood were lightened and circulated more quickly through the brain. Excitability, easily depressed, easily roused into a passion. Heat and perspiration all over, evening. Sensation as if the least provocation would enrage, with merry cheerful humour; the sensation of excitability is accompanied by fulness in temples and forehead and cerebellum, especially on left side, with pulsations in neck on left side below the ear—evening. Increased sexual desire. Tongue coated, moist brown in morning, becomes red and elongated and the papillæ like deep red spots, with wedge-shaped brown crust at back towards evening; increased saliva.

22nd.—*Frequent mistakes in writing and summing*, one letter or figure is found written for another, even in simple words and especially in common arithmetical operations (for many days past). Uneasiness in left cerebellum, painful, with stiffness in the muscles adjoining on moving the head. Uneasiness, heat, lightness and ebullition of blood, chiefly in forehead and cerebellum.

23rd.—Stool, hard in lumps, 9 a. m. Heat during and after walking in flushes, with perspiration. Flushes of heat in the evening.

24th.—Urine reddish brown, becomes covered with the oily pellicle and deposits a rosy sediment, which on shaking the vessel is found adhering to its sides.

27th.—*Urinary symptoms ceased; sanguineous and nervous systems still affected slightly.*

28th.—Heat in flushes, or like floods of heat welling from

the lumbar region all over the body, in the evening, in the sunbeams, whilst walking, *and during and after mesmerising*, with beatings of the heart; the beatings occur at intervals without any apparent exciting cause. Humour (since 24th excessively touchy) irritable, peevish and sad, as if overburdened with cares and harrassed; melancholy despondency, as if illtreated by every one purposely, alternately with cheerfulness, mirth and smiling, (*Reaction?*) Cough with hiccough at intervals.

30th.—Stool loose, very fetid—morning. Frequent inclination to stool which is likely to be loose, without stool. Physical symptoms modified in chest; bellows sound of heart; sensation of uneasiness in left lung; left arm numb and heavy, weary; sharp wiry shootings up fingers laterally, and in joint of second and fourth fingers, left hand. Dull pain in left temple, eyes dull and sight indistinct; continued mistakes in letters and figures. Humour disagreeable. Loss of elasticity in vessels of left arm. Sensation of a cold drop of water trickling for half an inch occasionally just above zygoma, left side. Left chest remained affected till Oct. 12th, gradually improving; the arm was easily numbed by the slightest cold or by resting it on anything, causing tingling pricking numbness; the lateral surfaces of the fingers also remained sore, and the arm felt bruised; heart still palpitated violently and irregularly at times, with a bellows sound, and flushes of heat in floods from the back; (*Spig. $\frac{3}{4}$ rd, in 9 doses, $\frac{1}{3}$ three times a day.*) After first dose the heart became quiet, but the chest symptoms and arm still persisting, and the eyes (especially *left*, which had a sensation of a grit in *internal* canthus,) being very weak after seven days, *Spig. $\frac{1}{12}$ night and morning, 6 doses*, when the chest symptoms disappeared, October 15th. The *left arm*, (and foot slightly) however, continued affected, it easily becomes chilled and numbed in the cold, despite gloves, friction or motion; the fingers, especially the third and fourth, are then bluish-white, the nails blue, with a sensation as if they were being rooted up; when brought into the warmth this hand is slow in recovering itself, and if held near a fire or in a heated room, its vessels become distended much more than those of right side, and in a cool temperature this is some time in disappearing; the arm too is easily numbed even to sensation as of

temporary paralysis, by leaning or lying upon it; if held up when the vessels are distended they suddenly become empty, and again immediately refill on its being brought down; the left suspender falls over the arm. Loss of elasticity in all the vessels of the left cranium, *arm*, leg and foot; the vessels feel occasionally distended in left neck and head, and also about the left ankle, stiffening the foot in walking.

This state of things continued till January 7th, 1851, and on the 16th having been annoyed about 6 p. m. for some evenings with tinglings in prepuce which gradually increased, and at length interfered with sleep, becoming like lancinations in glans and prepuce, with occasional sharp twinges, *sumb.* $\frac{1}{2}$, was taken. For some weeks past there had existed *langour*, *inability to study*; want of appetite for meat; dull, cloudy confusion in left frontal region, and over left eye.

16.—Small spot of white curdy matter in left corner at root of frænum; surrounding membrane, glans prepuce, and frænum bright red and irritable, with shooting twinges so acute as to jerk the body about; absence of sexual desire; breath becomes very offensive.

18th.—Extremity of prepuce becomes inflamed, acutely sensitive to touch; friction of the clothes as in walking, painful. Urine becomes thick on standing. Spots reddish on the face, forehead, chin, and whiskers; they contain either water or white, thick curdy matter; numerous black pores on the face. Slight preputial gonorrhœa.

19th.—Walking becomes very painful; prepuce inflamed, very red and swollen; penis painful to the least touch over surface and glans; lancinating twinges and shootings in glans and prepuce, chiefly after 6 p. m., and especially in bed at night; and then becoming insupportably severe, with startings and shocks all through the body, cannot lie still; increased by attention and the least touch.

(*Merc.* $\frac{1}{2}$, without effect.)

20th.—*Languid*; dull aching in left frontal region and over left eye; aching in left leg and arm, and in sole of left foot; slight weariness also in right leg; debilitated muscular power, cannot clench the fist; extremely irritable during the pains while walking, or during any exertion; *local symptoms worse*

all evening after 6 p. m.; and after 9 a. m. for a short time. Dull confusion in left frontal region; reading fatigues; *worse in the morning*. Mildness, amiability, except during the pains; painful expression of face, face very pale, with very numerous black pores. Pains, twitchings, lancinating in prepuce, and agony in bed at night, causing startings in the limbs; cannot lie still, the least movement increases them; desire for opium to allay the sensibility. Absence of sexual desire.

21st.—Increased pains; flushes of heat transient; weariness and aching in left extremities and sole of left foot. Swelling of glands in left groin, with tenderness; prepuce swollen considerably, projecting beyond the glans; *phimosis*. Increased want to urinate, in small quantities; a drop can be passed into the urethra singly, and this causes momentary relief at its extremity. Violent preputial gonorrhœa; *oozing pains*; sensation of melting away, as if drops were passing from the extremity of penis, or it were becoming matter, the effort seems to be aided by the whole body; increased by change of posture, the recumbent with the muscles and fascia on the stretch is most easy; pains in penis when pendant; relieved by being kept up. Tremors and slight chilliness. Startings during the pains. Mawkish taste; diminished relish; no thirst, but good appetite except for meat; foul breath.

Thuja $\frac{1}{\Phi}$ *Aq. O.* a *teaspoonful every hour*; *penis to be kept up*.

22nd.—Swelling of prepuce increased; it forms a thickened bluish-red lump beyond glans which cannot be seen; sensations of oozing increased, and more frequent. Urine after standing is thick and muddy. Secretion curdy, white, and becomes yellow on drying. Frequent want to urinate. Commotion in left iliac region in intestines as if of approaching liquid stool. Dull confusion in left forehead, especially over eyes, at intervals; worse in morning. Jerkings in the limbs and starts in the muscles, increased to contortion and writhing of the whole body, during the pains; straining and stretching of the fascia and muscles; jerking off the chair upon the floor, and perspiration during the pains. Something seems moving in rectum near anus. Aching in left extremities (muscular), and in sole of left foot. Stool hard, slight, and in lumps. Glands in left groin swollen and more tender. Cheerfulness, except during the agony of the pains, to

which all the system seems to contribute. Ulceration at points on the edge of prepuce, which is notched; balanorrhœa increased; change of posture and emotion increase the pains; contortion of the body during the pains, with writhing. Erections without voluptuous thoughts, during the night; the expanding glans causes acute lancinating pains in prepuce. Surface of prepuce all over glans, especially on left side, excessively tender to touch and red. Appetite good, chiefly for farinaceous food; diminished relish; no thirst. Sensibility to cold; cannot keep warm, *the least draught is felt down the spine*. (Commenced milk and water tepid injection between glans and prepuce with much relief every six hours). Sleep interrupted by startings of the limbs, and lying awake greater part of the night from sleeplessness; great secretion during the night, with acute oozing pains; breath offensive.

23rd.—Pains and contortions worse to-day; on urinating this morning smarting lancinations in prepuce and glans, as if the orifice had been growing together, which continue after the act. Writhing and muscular contortions, aching in left limbs and sole of left foot during the pains; frequent and painful erections; slight erythema of left scrotum as far as raphé; left testis hangs down, aching extending from it up spermatic chord, whilst walking (although it is suspended artificially). Aching in the knee-joints, especially the left, when sitting near the fire; it disappears on walking, or sitting in the cool. Penis very tender over surface of glans, chiefly along corona glandis *and on its left side*. Perspiration sour. Glands in left groin painful. (*Phos-ac.* $\frac{1}{3}$, $\frac{1}{6}$ *alt. with thuja. every three hours*)—smarting pains whilst urine passes through glans and prepuce. Great languor and debility, especially in left limbs. Very cheerful; evening. Amorous dream and of coition and apparent emission, which was not real. Breath very offensive.

24th.—Micturition, with smarting pains in glans. Erections easily excited and frequent, slightly painful; sexual desire restored. Appetite for farinaceous food; distaste to meat and want of thirst. Balanorrhœa, with oozing, tickling sensations not disagreeable. Sensibility to cold air and to the damp weather; easily chilled. Stool 9 a. m. Mucous membrane seems irritable

as on taking cold ; sensation of clammy dryness in the mouth, extending all through them ; feverish dryness external and internal ; heart's impulse strong ; pulse irregular. Smarting in glans whilst and after urinating. Uneasiness in left chest over heart ; afternoon. Cold water aggravates, warm relieves the local symptoms ; extremity of prepuce can be painlessly handled, but over corona glandis on left side is still tender and painful to the touch ; it aches on contact *as if hollow* ; is considerably swollen and pale ; *expansive* pains on touching it ; aching, boring pains in the swelling when the penis is pendant ; secretion diminished, whitish, but becomes yellow as it dries and redissolves white, insoluble in alcohol and water. Chilliness, inability to sustain the animal heat, even in bed ; sensibility, especially *down the spine*, to the least draught ; left arm and leg too easily chilled and numbed by lying on them ; *want of elasticity in the vessels*. Urine passed clear without smarting and deposits after standing a whitish thick cloud ; evening.

25th.—Chilliness in the joints, with aching in left thigh, knee, elbow, and shoulder, extending under the scapula, in bed, morning ; it disappears on rising, (though the room was cold). Penis painful when pendant ; *expansive* pains in the swelling over left corona glandis, and great irritability ; stitches up the commencement of the urethra ; 3 p. m. Breath very offensive. Much yellowish matter has discharged this morning, with oozing sensations, and the swelling on left side of glans penis is greatly diminished and not so tender. Uneasiness over heart, palpitation intermittent ; jerking whilst lying down or sitting. Faintness and vertigo whilst using the warm injection. Lassitude. Small conical raised yellow pimple with bright red margin on left arm, over deltoid ridge, containing white curdy matter ; pustule on sacral region, just above coccyx, on left side, very red margin with itching ; it is broken and contains water, and afterwards a little blood oozes. Nervous excitability and weakness ; susceptibility to emotional impressions and fear of vertigo. Uneasiness and sensation of heat over nape of neck, left side. Slight swelling of left parotids, and sensation of partial dislocation forwards of left temporomaxillary joint ; (*nitr. ac. $\frac{1}{\phi}$ aq. dest. $\frac{3}{ij}$ —3 i, every four hours.*)

26th.—Great lassitude and desire to remain recumbent, with the limbs extended ; fatigue in left arm. Throbbing with redness in the pustule, another appears close to it. Constipation, without desire to evacuate. Sensation of feverish dryness, without thirst. Amorous dreams. Stitches half an inch up urethra ; morning. Mild cheerfulness, amiability. Susceptibility to cold air, *especially in the spine* ; easily chilled. Distaste to meat, pastry disagrees, no thirst. Swelling of inguinal glands decreased and not tender. Sensation of partial dislocation of lower jaw forward on left side. Balanorrhœa, more watery, yellowish. Aching in knee-joints, especially the left, whilst sitting with them near the fire ; it disappears on removing to a cool place, or by walking.

27th.—Stool, 9 a. m. large and compact, preceded by commotion in left lower abdomen, as of approaching diarrhœa. Dull confusion in left frontal region. Uneasiness over heart, it flutters slightly, especially after quick exertion, chiefly afternoon. Phimosis ; prepuce can be drawn now about quarter of an inch backward, exposing the glans ; frænum red and swollen ; larded-looking surface appears on upper left of glans, which could not be detached by washing or scraping, and around the margin of which were several distinct spots, like ulcerations, which attend the detachment or separation of a slough.* Stinging itching in genitals, chiefly in penis ; after 6 p. m. (*nitr. ac.?*) Occasional oozing sensations, which render it impossible to rest still ; heat in the genitals. Aching in knees when near the fire. (*Nitr. Ac. one drop of the former in 3 vij, of water, taken as before*).

28th.—Balanorrhœa considerable during the night, milky and becoming yellow ; aching in left testis (though artificially suspended) whilst walking. Dull empty confusion in left frontal region and over left eye ; reading fatigues, incapacity for prolonged attention ; at times chiefly in the evening, clear intellect, especially in the warmth ; head worse in the morning, even on rising ; *clearer of an evening and in the warmth*. Heart's impulse strong. Rectum protrudes slightly, posteriorly, like a rim. Breath offensive.

* Pointed out by Mr. Wilson, to whom also are due all the physical symptoms of auscultation, &c.

29th.—Dull confusion in left frontal region, with slight nausea and sleepiness; morning. Fell asleep after breakfast. Weariness, tired feeling all over, especially in left arm. Commotion and slight nauseating pain in left lower abdomen, as of approaching diarrhoea, without stool; morning. Stool, 6 p. m. Thickening and congestion around urethral orifice, lasts several days. Balanorrhoea of prepuce, slight; *no urethral discharge* could be detected.* Heart's impulse strong, *jerking*, especially after exertion, or ascending stairs, and during digestion.

30th.—Dull confused stupor in left frontal region on rising, morning, relieved by warmth; and slight nausea in throat; itching in extremity of penis at intervals; clearness of intellect, evening, but reading fatigues; dull heaviness and tension in cerebellum; uneasiness and heat extending down nape of neck, left side; evening—tensive pains and heat in cerebellum, worse on left side. Absence of all sexual desire, and of erections, but the *regulation of motion seems affected*.† Great langour. Itching where the first pustule had been, it is still red, and a third, smaller, has appeared close to it. Urine after standing becomes cloudy, whitish. *Nitr. Ac. night and morning*.

Feb. 8th.‡ —Uneasiness in nape of neck increased; occasional shooting pains from left cerebellum to left forehead; slight uneasiness in nape of neck, right side; nape of neck on left side much swollen, from the spine to mastoid process, and left maxilla slightly enlarged; the swelling is not tender, but pressive and hot, the head is with difficulty rotated, but without pain, further than tension over the part which seems to press on the brain. Giddiness on rising from a seat, on stooping, or moving about; feeling of *want of security*, as if in imminent danger of reeling, or of having a fit whilst moving or standing, relieved by holding on to some object for safety; worse after 6 p. m. Urine clear, deep red, becomes very muddy. Tensive pains and pulsations in swelling, extending down left side of spinal column; the spine is not tender to touch or pressure, the un-

* Notwithstanding frequent minute observation, both by Mr. Wilson and myself throughout.

† Phrenologically this is important, confirming a relation between the cerebellum and the co-ordination of motion.

‡ The symptoms in this group are probably some of them due to the remedies used, (Nitr. aci. and *Thuja*) and are therefore of secondary value.

easiness feels *within*, not externally. *Absence of erection, and of all* sexual desire for five days. Obstructing, yellow, gummy mucus in left nostril and root of nose, in posterior nares and throat. Breath very offensive, and disagreeable odour from body tainting the clothes. Cheerfulness. Left testis hangs down; genitals flabby. Sleepiness in day time. Dull pain, confused, in left frontal region; the pains are worse in the cold, and relieved by warmth of the fire. Aching pain around outer angle of left knee, in front, slightly stiff in walking; (*omit nitr. ac.*) Diarrhoea liquid, sudden and abundant, preceded by faintness and sickness, as if about to vomit; 6 p.m. preceded and followed by constipation; (after plum jam and a quick walk?) Listlessness, no desire for mental labour. Swelling of left ala nasi. Dragging pain in left testis which hangs down, along spermatic chord, and particularly about abdominal ring. The pustules not yet healed, they *itch* and are sore when the scabs are pressed upon; around the scabs redness. Pustule containing serum above and behind left ear; similar slight elevations of cuticle sore to the touch appeared on the left scalp during the earlier proving at times, but the hair did not fall off. Urine becomes thick on standing.

Camphor by olfaction speedily removed the *stuffing at the nose*, and as this was a well marked symptom, it served as an index which called my attention to the action of different potencies; occasionally after taking the mother tincture, and the voice and nose being perfectly clear and free, the one almost immediately became husky or hoarse, and the other, with the throat was obstructed with mucus—if the symptoms were present, a corresponding aggravation took place; after the 3rd, this occurred after a slight interval, which again was prolonged after the 5th till, at the 15th potency, it did not appear for half an hour, or even much more, and was proportionately *less intense*. The repetition of the primary symptoms after so long an interval is not a little remarkable, and exhibits the long continued action of the drug.

A. M. T., æt. 20, single woman; lymphatic; mild, light hair; regular. Dose $\frac{3}{4}$ at night; $\frac{3}{8}$ morning from Sept. 8th, at night.

11th.—Tensive pain like a string pulling in right breast; 8 p. m.—Stuffing in nose; tremblings.

12th.—Heat in flushes, coming often from the back. Sickliness.

13th.—Pain like a knife darting through left chest, from a spot a little below the breast, also slightly in right chest, chiefly during the inspiration. Frequent flushes of heat and tremblings.

14th.—Catamenia premature (5 days) and of short duration (3 days) with deficient quantity. Flushes of heat; tremblings.

15th.—Throbbing pains in right hypogastric region; evening. Aching pain across lumbar region of the back; evening. Heat in flushes, and occasional tremblings.

16th.—Pain as of a knife in stomach, 4 p. m. Aching pain in lumbar region; evening. (Catamenia ceased). During catamenia, pains round the head from cerebellum to frontal region.

17th.—Flushes of heat coming from the back; tremblings.

18th.—Pains in left chest in the spot below breast; pricking as of needles; evening. Humour at times cross (slightly).

19th.—Pains as of knives darting through the chest (after meal), decreasing towards night. Tremblings. Aching pain across lumbar region. Flushes of heat.

20th.—Darting pains as of a knife through the chest after every meal. Flushes of heat; faintness; languid. Aching pain across lumbar region.

21st.—Pricking pains in left side in same spot, 5 p. m.; tremblings.

22nd.—Pain as of a knife in right side; noon. Flushes of heat; *pulse irregular*. Hacking cough from tickling in larynx, chiefly in morning. *Dose at night gr. 1/3, trit. morning, 3/4th from trit.*

24th.—Pain in left side like a knife, and darting pains in the chest under lower sternum.

25th.—Pains in the left lumbar region of back, and pricking in the right side under ribs.

26th.—Prickings in left side under rib. *Leucorrhœa* white, especially after sitting.

27th.—Slight prickings in left side under ribs. *Leucorrhœa* continues.

29th.—Pain like a knife in left side under the ribs. Leucorrhœa continues.

30th.—Headache, excessive, all over top of the head, extending to the eyebrows like a very heavy weight. Leucorrhœa continues.

Oct. 1st.—Aching pains in the left lumbar region of back, and prickings in right side. Leucorrhœa continues.

2nd.—Pain in the chest on both sides, as if from a knife. Leucorrhœa, whitish, continues.

3rd.—Pains in the left lumbar region of back. Leucorrhœa continues.

4th.—Headache very bad, over top of head, extending to the eyebrows, like a heavy weight; and pains in the abdomen as if from a knife.

5th.—Pain as from a knife in left side under the ribs.

6th.—Darting pains in the left lumbar region of back, in chest, sides, and abdomen, during the day.

7th.—Prickings in left side under the ribs.

Medicine discontinued Sep. 30th; Catamenia normal and regular.

Sumbul 2. (1:100) to the 26th November.*

Oct. 22nd, 1847, a. m.—4 drops fasting.—Pressure on the crown of the head, confined to a small space, and lasting but a short time; after two hours.

23rd.—(gt. 6 at 6 a. m.); at 9 and 1 o'clock liquid and small stools, after which burning and cutting in the anus, and frequent chills through the back, with debility; frequent inclination to evacuate, which does not follow the desire, accompanied by a feeling as if stool should quickly follow, with cutting in the anus, and cold in the back; at half-past 1 p. m., thin stools, at last consisting only of small pieces of mucus, scanty, with much tenesmus; violent cutting pains in the anus; constant feeling as if another evacuation should come, with erections, dropping of urine, and almost involuntary contractions of the levator ani and sphincter ani.

24th.—Scanty liquid stool.

* From Allg. Hom. Zeitung, translated in the American Journal of Homœopathy, vol. i, p. 262.

25th.—(*gtt.* 6, *fasting*, at 7 a.m.) Small, soft stool later, than usual.

26th.—*gtt.* 10.) Soon after shuddering several times.

Nov. 4th.—(*gt.* 15 at 6 a.m.) Soon after a dull aching in the forehead with stupefaction, several times dry cough; dull aching in the stomach, with rumbling sound and pain in the epigastrium; watery saliva; rumbling in the belly increases; once creeping chills over the back; nausea; flow of saliva; inclination to urinate; aching in the stomach; frequent chills through the back; frequent empty eructations, 8 a. m.—At quarter-past 9 a. m., the head is relieved; frequent desire to urinate, although nothing had been drunk; heretofore this inclination began at 11 or 12 o'clock. Chills in the back with cold hands, and still colder finger-ends; dull ache under the sternum, coming in paroxysms; inclination to go to stool; tasteless, empty eructations, as heretofore, at 9 a. m. Stools much softer than usual; between 4 and 5 p. m. thin discharge, with much tenesmus, and biting and burning in the anus and rectum, with painful pressure even to the end of the penis, and mucus passing from the anus drop by drop, accompanied by much urine, as generally by day more urine than otherwise would be passed (although until 5 p. m. no liquid, not even water had been taken); urgent desire to evacuate urine, even just after having done so; the urine is light yellow.

5th.—More urine than usual (although until 1 o'clock nothing liquid had been taken); no appetite; stool to-day (which has heretofore been at 9 a. m. each day); 6th stool scanty and hard.

11th.—(*gt.* 20, 6¹/₂ a. m. *fasting.*) Head feeling stupid, particularly in the forehead and back of the head, with feeling of weight; continual necessity to urinate, 6³/₄ a. m.; easily alarmed; sudden outflowing heat; flow of saliva; eyes sensitive to light; sleepy and without thought; feeling of inward cold, not sufficient to produce shuddering, but which remains as it were fast in the interior of the back; much thin, tasteless saliva; desire to go to stool, 7 a. m.; feebleness; smarting in the *left* eyelids; creeping chills, particularly in the region of the left lumbar vertebræ, and thence extending above and below; the fingers, which

were before warm, became cold, and the skin in the back of the hand somewhat shrivelled, at the same time there were premonitions of evacuation; pain in the region of the navel, or drawing in the belly, even on a light touch with the hand; creeping chills, with cool skin, even to the upper arm, $8\frac{1}{4}$ a. m. Feeling of universally lessened warmth in the whole body; feet and hands cool within; the fingers seem much colder even when laid on a warm cheek; continuous inclination to urinate and to stool, 9 a. m.; rumbling in the belly; the stool at 9 a. m. softer than heretofore; desire to urinate from 9 to 11 a. m. off and on, although nothing had been drunk; the head still somewhat confused, particularly in the forehead, with moderate pain in the frontal eminence; empty eructations, $11\frac{1}{2}$ a. m.; the urine was increased through the day;—the following day evacuation as usual.

Nov. 28th.—(*gt. $\frac{10}{8}$ at $6\frac{1}{2}$ a. m. fasting.*) Confusion of the head, particularly in the forehead; excess of saliva, with chills; dull pressing together from one temple to the other, and heat in the interior of the forehead, with weight of the head. Stinging in the fauces, with feeling of roughness, not however in swallowing saliva; frequent empty eructations. Bloating of the belly, with some sensitiveness in the region of the navel, deeply seated, increased by contraction of the abdominal muscles. Frequent desire to urinate; feeling of fulness, and easily fatigued by a few turns through the chamber; 8 a. m. Running heat through the back several times; the head somewhat more free; easily excited erections; weary, knocked-up, as if unsafe on the feet while walking; the eyes sometimes seems narrow, with smarting in the lids, and pinching of them together; particularly grateful feel on sitting down; 9 a. m. Stool, thinner than heretofore, but without pain or tenesmus followed directly by beating aching pain in the left frontal eminence, narrowly confined; empty eructations also several times before going to stool; dull pain in the depth of the epigastrium, with anxious feelings, loud breathing and afterwards rumbling in the abdomen; belly soft, frequent desire to urinate; dull stinging in the rectum; 10 a. m. Feeling, as of softness, in the abdomen, and quickly approaching thin stools; aching pain in the abdomen, in the

region of the stomach; much empty eructation, with almost constant pressure of urine; urine passed at 11 a. m., is light yellow, without any peculiar smell, and immediately followed by pressure of urine again; dirty white furred tongue; stale smell of the mouth;—chills several times within the spine, with feeling as if soft stools were coming soon; rumbling in the left side of the belly; doughy flabby abdomen; the inclination to urinate, which for many hours had continued almost without intermission, though not always with results, now became more urgent, and the urine could with difficulty be retained; 12.1/4 o'clock—Very urgent hunger, which had, however, not been at all suspended; an almost constant chill, deep in the spine; frequent rumbling in the belly; 12 o'clock—a feeling as if hot water poured through the body, sometimes through the spine, particularly through the lumbar vertebræ; sometimes in the lower part of the abdomen, and then mounting to the stomach, alternated with a dull aching, deep in the navel, which sometimes mounts higher, and always accompanied with a feeling as if it would soon be necessary to go to stool; the evacuation at 12 o'clock consisted almost entirely of empty tenesmus; tolerably abundant urine; soon again a necessity to go to stool, with flatulence; no evacuation followed; throughout the whole afternoon the usual warmth of the rooms in several houses seemed increased; there was a universal burning over the whole body, and easily excited perspiration; during the night long and deep sleep; after rising at 6 a. m. on the 27th still very sleepy, also languid, particularly in the feet. Urine since the afternoon of the 26th somewhat less than usual.

27th, 8 a. m.—In the morning occasional chills in the back; cold hands; aching in the stomach and navel, increased by pressure; feeling of fulness in the region of the stomach; sometimes itching in the inside of both thighs, only at the upper part; (the same took place at every awakening in bed) itching between the thumb and forefinger of the right hand, when a small red spot appeared, which after pressure directly reappeared and required scratching again; great appetite all day; towards evening there appeared in the same region of the hand, but not exactly in the same place, another red and itching spot, after the first had disappeared. Frequent erections during the day.

25th.—Frequent inclination to urinate throughout the day. Very good appetite. Yesterday and to-day, at 9 a. m., a stool, more sparing than usual.

These symptoms were all noted down the moment of their appearance, in the order in which they took place; the diet remained constantly the same during provings or without them: coffee, tea, spices, spirits and tobacco were always avoided.

In a case of expulsion of *ascarides* in a child, the exhibition of *sumb.* 15 effected a speedy cure. In a similar case also of a child, æt. 2, with expulsion of *ascarides*, bloated drum-like abdomen and constipation, and picking the nostrils, the symptoms disappeared after two doses of *sumb.* $\frac{1}{15}$.

A case of *chorea* presented itself in a bilious-sanguine girl, æt. 10, in which the *appetite was ravenous*; constant jerking of the limbs and head, with protrusion of the tongue; *happy disposition, with continued smiling, even when most inappropriate*; weak memory; the jerkings were frequent in bed, so that she could not lie still; *bowels constipated*; face pale; constant nausea after all her meals, the food is rejected by vomiting; emaciation; idiotic expression, with staring, with an impression that she should go mad; she falls asleep if left quiet for a few minutes, and snores loudly; she had been similarly attacked some time previously. She had *sumb.* $\frac{1}{15}$ night and morning; afterwards $\frac{1}{12}$, and then $\frac{1}{15}$, in the same way, for two months, and was daily mesmerised for ten minutes; she rapidly improved, and at the end of this time had recovered her flesh; lost the idiotic look and pale face, and the idea of madness; became moderate in her appetite, and the bowels acted regularly; in fact she seemed quite well. How far this is attributable to mesmerism, and what share the medicine had in it, are matters of question, but the case is for the present worthy of record.

In a case of hoarseness, where this symptom was not perceptibly variable at any period of the day, with gnawing pain, also contusions in *right* side of throat, a dose of *sumb.* 5 removed the former symptom, but only relieved the latter slightly, *carb. v.* completing the cure. I prefer using the fifth potency prepared from the third trituration by Alcohol and Ether.

An infant æt. 11 months had suffered with *porrigo scutulata* for two months; on the left scalp in a line from the temples backwards were five or six spots, one as large as a sixpence, others smaller; they were round and dry, slightly raised and reddened at the edges, whilst in the centre were bran-like scales, which fell off—*sumb.* $\frac{1}{s}$ in divided doses. In a few days the child was reported well.

It only remains for me to remark, in explanation of the marginal references,* that I have attempted very imperfectly to supply what seems to be a deficiency in the *Mat. Medica*, whereby reference would be facilitated, without the intermediate use of a repertory. I trust also that the gratitude of some of those disciples of Hahnemann who belong to the weaker sex, will lead them to complete that portion of the proving which has especial reference to themselves, and that in future such observations may in these cases be recorded as may lead to a more satisfactory symptomatology of diseases of the female organs.

In conclusion, I would record my thanks to Dr. Curie and Mr. Wilson, for their kind superintendence of the proving.

REVIEWS.

RESEARCHES IN MAGNETISM, ELECTRICITY, HEAT, LIGHT, CRYSTALLIZATION, AND CHEMICAL ATTRACTION, IN THEIR RELATION TO VITAL FORCE, by KARL, BARON VON REICHENBACH, Ph. Dr. Translated, with Notes, by DR. GREGORY, Professor of Chemistry in the Edinburgh University. Parts I and II. 8vo. p. 468.

THOUGH our pages are devoted to the study of therapeutics, yet there are subjects which cannot be passed unnoticed without our incurring censure for a fault which is too often committed by the medical profession as a body: their opposition to the examination of new discoveries, above all when these do not present an immediate practical application. It is impossible that a series of well ascertained facts can be of no practical value, daily experience shews the fallacy of such an assertion in the

* On various grounds these have been postponed till the whole is published in a schema, by which time I hope to obtain further provings, and the pathological anatomy.

unexpected application of apparently trifling facts to important purposes. That, in the treatise above named, facts are really dealt with, can only be verified by carefully repeating the experiments, and so far as we have had an opportunity of doing this, we are disposed to give full credit to the discoveries of Baron Reichenbach, and a perusal of this work gives good grounds for hoping that a speedy and rich harvest of practical results will be reaped from the new lights which this strange imponderable agent sheds on physiology and pathology.

These investigations have been conducted on the purely inductive method, and with Dr. Gregory, to whom the English reader is indebted for this able translation, we fully agree when he writes :

“ I feel constrained to say, that in the course of a life devoted to science, I have met with no researches in which the true and universally approved rules of investigation have been more perfectly adhered to and followed out, than in those before us ; which, were it necessary, might serve as a model to all experimental inquirers.”—(p. 15).

Adding to this testimony that Baron Reichenbach is a man possessing a highly educated and scientific mind, that he is well known in Germany for many practical improvements in the Arts, and that he is the highest living authority on meteorites and aerolites, there is every inducement to place reliance on the ability of the experimenter. We therefore purpose giving a brief abstract of the principal points, while we recommend a careful study of this elaborate and highly interesting work.

Baron Reichenbach considers that there is a power or influence analogous to heat, electricity and magnetism, but distinct from these ; that this power exists in the human body, in magnets, crystals, the solar and lunar systems, &c., this dynamic agent he calls Odyle.

If downward passes are slowly made with either a straight or horse-shoe magnet, capable of supporting 10lbs., close to the dress of the person, but not in contact, it will be found that out of 15 to 20 persons so experimented on, that one or more are peculiarly affected thereby. The sensation, rather unpleasant than agreeable, is associated with a gentle feeling sometimes of

cold, at other times of warmth, which resembles a cold or tepid aura. Sometimes they experience a dragging or pricking sensation, as well as formication ; some complain very soon of headache, &c. The more sensitive the person, the more marked are the results. Such *sensitives* (the name applied by Baron Reichenbach to parties so susceptible) frequently exhibit exalted acuteness of the senses, and are then able to perceive light and flame-like appearances on the magnet. The strength and distinctness of this perception increases with the sensitiveness of the observer, and the darkness of the place. This flame divides, according to the form and structure of the magnet, at each pole into several plumes of iridescent colours. Its form and colour vary according as the magnet is opened or closed. The flame may be mechanically bent. It gives out light which is red, has no appreciable warmth, and which acts on the plate of the daguerreotype.

These conclusions he adduces from numerous repeated experiments on 57 persons of various ages, sex, and rank, some sickly, others healthy ; and the facts were confirmed by persons of the highest character. The two following experiments, out of many hundreds, will partly illustrate the phenomena of this odylic flame.

“ Dr. Neid, practising physician in Vienna, (Vorstadt Erdberg, No. 396,) aged 32, was to me an invaluable case, because he is a physician, and must necessarily testify to the existence of odylo-luminous phenomena in a caste, namely, that of medical men, in which my researches, contrary to all expectation, have often met with the most unfriendly reception. Dr. Neid is a healthy, vigorous man, and in an extensive practice ; he is on foot and hard at work the whole day ; he is of a lively, cheerful disposition. Yet he saw particularly well, all kinds of odylic lights. Small and large bar magnets, as well as simple and compound horse-shoes, all exhibited the odylic glow. He saw flame-like and smoke-like emanations from bars of eight and twenty-four inches, and also from horse-shoes of one, seven, and nine bars. The flames on the northward poles were more than one-half longer than those on the southern arch. Open horse-shoes also appeared clothed in a luminous downy vapour. The flame over the nine bar horse-shoes rose to more than a yard,

both polar flames having united to form one column, above which the luminous vapour or cloud rose to the roof. Even the steel hand of his watch, which no doubt was strongly magnetic, was in the dark chamber so luminous that he could tell the hour on the watch by its light."—(P. 259.)

"F. Bollman, aged 56, residing in Vienna (Vorstadt Wieden, Ferdinandsgasse, No. 268). He has long had disease of the lungs; he became affected with cataract, and was operated on without success, by Professor Jaeger, of Vienna. For years he has been blind, that is, quite blind to all shape or form of things, but not entirely insensible to the impression of light generally. The poor man has no longer any crystalline lens, but the retina is healthy. Luminous rays, falling on his mutilated eye-ball, can therefore no longer be concentrated into a regular image, but penetrating, in their diffused form, through the turbid humours, reach the healthy retina, and through it produce impressions on the internal visual apparatus, thus giving rise to the mental perception of light. It follows as a necessary consequence, that he can perceive dimly diffused light and colour but no form.

"He was brought to me at Schloss Reisenberg, where I prevailed on him to remain all night, and took him next morning into my dark chamber. After having been there for an hour, the blind man saw a number of luminous phenomena, which I, with good eye-sight, could not see; and when we moved about among the odylo-luminous objects, *it happened probably for the first time since men have existed, that the blind led him who possessed his sight*; for Master Bollman led me, and thus we exchanged places. I was deprived of the light necessary to me; but to him the odylic light had dawned, which to me was invisible. I shall have to refer hereafter to the details, and here I shall only mention, that he saw a small pocket horse-shoe as a luminous spot on the table where it lay; that he did not at first perceive when close to it, a long single-bar horse-shoe, but when I removed it to the distance of one pace from him, and detached the armature, he saw a sudden flash of light, which disappeared after a few seconds. Thus he saw only one pole; and when I made him place my hand on it, I found it, even in

the dark, by means of the sign upon it to be the northward pole. A three-bar horse-shoe appeared to him steadily luminous. He could not perceive the feeble odylic glow of the mass of metal; but when the armature was removed, he saw a permanent light, this time also on the northward pole only. He described it as a round spot, of an inch or an inch and a half in diameter. A nine-bar horse-shoe exhibited a large luminous cloud, which diffused light over the surrounding objects over a circle of more than six feet in diameter. Odylic light, therefore, penetrated through the vitreous humour, and was received on a nervous expansion of the retina like ordinary light; but he had no sense of the forms of the magnets, of flames, vapour, or sparks, but only that of diffused light."—(p. 267.)

This odylic flame is enfeebled by heat, is strengthened in the electric element, and the atmosphere. Various substances such as crystals and animals, the human hand, &c., act on the odylic flame as magnets do—they strengthen or reverse its colours, or extinguish it, both on contact, and merely by a near approach. These points, and also the effects of terrestrial magnetism, must be borne in mind as materially influencing the experiments, and the disregard of these circumstances led a committee of Vienna physicians to report unfavourably on Baron Reichenbach's results.

Baron Reichenbach has been able to confirm a statement made by Dr. Petetin, of Lyons, in 1788, that there is a strong attraction between the hand of a cataleptic patient, and the magnet; and he has shown that this force also exists in healthy persons. This adhesive power resembles that of iron to a magnet, but it does not attract iron, it causes no tendency in any bodies to assume a direction related to the magnetic polarity of the earth; it has no action on the magnetic needle, it induces no galvanic current, and is therefore not magnetism. It is a part of the influence of the magnet which may be separated, isolated, and also transferred to, and collected in other bodies by mere contact, but only for a short time.

We have had an opportunity of testing this peculiar power of the magnet in the case of a healthy, but sensitive female, aged 13. When a large horse-shoe magnet was brought within two

feet of her hands, she felt as if her hands were irresistibly drawn towards it; and on placing it in contact she was herself quite unable, notwithstanding great efforts, to remove the magnet. A few passes with the hand over hers at once dispelled the attraction. A very searching test was applied by Baron Reichenbach to Madlle. Novotny, a cataleptic patient, on whom this power existed. The experiments were tried when she was cataleptic, and also when she was free of such attacks, for instance, when a "horse-shoe magnet capable of supporting about 20 lbs. was approached to her hand, the hand adhered so firmly to it that when the magnet was raised, or moved sideways, backwards, or in any direction whatever, her hand stuck to it, as if attached in the way in which a piece of iron would have been. She remained utterly unconscious all the time; but the attraction was so strong, that when the magnet was moved towards her feet, farther than her arm could reach, she did not let it go—but, although insensible, raised herself in bed and followed the magnet with her hand as far as she possibly could do, and by means of this her body was drawn or bent forwards towards the feet. When the magnet was at last removed so far that her body could not be moved or bent further, so as to enable her to follow it, she was compelled to let it go, but remained then in the manner always observed in cataleptics—fixed and immoveable in the position into which she had been brought. This I saw daily, from 6 to 8 p. m., at which time the fits of catalepsy occurred; and the fact was usually witnessed by from eight to ten persons, physicians, natural philosophers, chemists, and others interested in the sciences. When I visited the patient at other times of the day, I found her fully conscious and cheerful; but the phenomena were the same. Her hand adhered to, and followed the magnet exactly as in the insensible cataleptic state. She described her sensations as of an irresistible attraction, which she felt herself involuntarily compelled to follow; and which, even against her will, she was forced to obey. It was an agreeable sensation, combined with a soft cooling breeze or aura, which flowed downwards from the magnet on the hand, which felt as if attracted to it, and drawn forwards by a thousand fine threads. Moreover, she had never she said, perceived

anything similar to it in her life before—the whole was a peculiar, indescribable feeling which, when the magnet was not too powerful, had in it something infinitely refreshing and agreeable.”—(p. 24.)

The experiments were further repeated by removing and replacing the armature of a magnet, capable of sustaining 80 lbs. This was done in another room, opposite to the wall near which she lay. The armature was removed without her knowledge—she at once became uncomfortable, flushed, and restless, and complained, that surely an open magnet must be near her: as soon as the armature was applied, these feelings ceased. An experiment made on her by Mr. Baumgartner, a professor of physic, with a powerful magnet which he had previously demagnetised, and thus rendered inert, was very satisfactory as testing the consistency of Madlle. Novotny, for though the magnet was presented to her with the statement that it was a most powerful one, she at once said that she experienced no effects.

We have ourselves seen this susceptibility to the action of this peculiar power of the magnet in a very sensitive female, suffering from ovarian tumours and intercostal neuralgia, whom we attended along with Mr. Hering, in the winter of 1841. A few passes made with the hand speedily excited either mesmeric sleep, or more frequently, slight convulsions. If an open magnet were laid on her bed, unknown to her, violent spasmodic movements were excited, which ceased on the removal of the magnet. The only means that gave relief was a black cat lying on the tumour; the application of the hand, hot fomentations, medicated plasters, &c., had had no effect. Was it then some odylic influence from the cat which relieved the pain?

Now the same odylic phenomena which are presented by the magnet are also found to exist in all crystals, natural and artificial; and are absent in amorphous bodies. It is found acting in the line of the axes of the crystals; at their poles it is most powerful; but the effects are different at the two poles, and are opposite. We have tried the effect of a large crystal of Brazilian pebble, seven inches long, on a lady very liable to spasmodic attacks, partaking of the character of chorea and catalepsy. A few downward passes made with the

apex of the crystal pointed towards her, often produces soothing effects, and procures a quiet night. She herself was quite ignorant of the alleged effects of crystals, and described from the first the sensation to be that of a very gentle cool breeze passing over the parts under the crystal. The crystal was frequently directed to the occiput and various parts of the back, and she could readily state to what point the crystal was directed from the effects she experienced. The forearms and hands were most susceptible to the action of the crystal. This patient can bear a moderate amount from an electro-magnetic machine, but a few passes made with the hand, even without her knowledge, at once excites sensations, and if persevered in for one or two minutes, violent spasmodic movements are the result. In the young girl we have already alluded to, we have produced cataleptic rigidity of the upper extremities, by presenting the same crystal for a few minutes to her hands.

“While I was one day explaining all this (the action of crystals) to a friend, and in order to show him clearly how I operated on the patients, had passed the same rock crystal along his hand, he looked at me with amazement, and declared *that he felt himself that which I was describing as the sensation experienced by the patients*, namely, a very distinct cool *aura*, as often as I made the downward motion over his hand. He was a strong healthy man, in the prime of life, and permitted me to refer to him. It was M. Carl Schech, a private gentleman, residing in Vienna, and distinguished by his great scientific acquirements. From that time I was in the habit of trying the same experiment on all my family and friends, and on many persons, strangers to me, among whom were physicians, natural philosophers, and chemists; I am permitted to name here, our celebrated naturalist, Dr. Endlicher, chief of all the public botanical institutions in Vienna. I found that not only the suffering patients, but also very many healthy persons, experience these sensations; and that a large crystal of quartz, gypsum, heavy-spar, fluor-spar, and other substances, when made to pass near enough over the palm of the hand, excites and renders distinctly sensible, in many persons, certain feelings, usually those of coolness and warmth. In order to enable every

one to repeat these experiments, I would state expressly, that a large detached crystal with a natural termination is necessary ; and that it must be larger, the less sensitive the person is. Heavy-spar, fluor-spar, and gypsum, are best adapted for the purpose.

“The crystal should be drawn over the inner surface of the hand, from the wrist over the palm and down to the point of the middle finger, as near as possible, but without contact, and at such a rate of motion that one pass occupies about five seconds. The crystal is held vertically over the hand.”—(p. 38.)

Odyle is also present in the solar and lunar rays ; to its presence in the latter planet may perhaps be attributed the action of the moon on some lunatics, and cases of intermittent fever. It is also elicited whenever chemical action takes place ; this circumstance suggests to Baron Reichenbach a very ingenious and probable explanation of many ghost scenes, phantoms, &c. Luminous appearances, for instance, are visible over new made graves, as Baron Reichenbach shows by various experiments, and it is exceedingly likely that such sights seen in the dark working on the imagination of the alarmed spectator, conjure up shapes of various hues and forms.

The animal economy is a great source of odyle. Passes made with the hand over sensitive persons act on them, like passes made with the poles of crystals, and magnets. In fact, in the human hand resides the same force which is found in crystals, and consequently, the crystalline force and animal magnetism are thoroughly identical, so that the same laws which regulate the former apply also to the latter. This is a most interesting discovery, one which may induce many persons to look with greater interest on the very curious, and until now, frequently contradictory phenomena of animal magnetism, and paves the way to a wide field of valuable physiological research. The pleasure we have derived from the perusal of the two first parts of this Treatise, leads us to look with much interest for the publication of Part III, in which Baron Reichenbach purposes treating of the effects of Odyle on the human frame. Until this appears, it would be premature to examine Hahnemann's proving of the magnet. This proving will probably be found to

be of a compound character, some of the symptoms magnetic, others odylic. Our space will allow of only a brief abstract of the general conditions of odyle in the human body.

In the twenty-four hours of day and night, a periodic fluctuation, or decrease and increase, of odylic power occurs in the human body. Night, sleep, and hunger diminish the odylic influence; taking food, daylight, and the active waking state, increase and intensify it. In sleep the seat of odylic activity is transferred to other parts of the nervous system. The forehead and occiput alternate in odylic activity, the former being active by day, the latter by night.

Human beings are luminous over nearly the whole surface, but especially in the hands, the eyes, certain parts of the head, the pit of the stomach, &c. In both sexes the whole left side is positive, the whole right side negative. This polar opposition is most strongly marked in the hands and fingers. Sensitive persons placed in the sphere of action of bodies diffusing odyle only feel comfortable when to the polar parts of their own frame the oppositely named poles of the bodies are opposed or brought near. If like-named poles be brought near each other, unpleasant sensations, soon arising to illness, are the result.

We must now bring to a close this notice of Baron Reichenbach's very elaborate experiments, by quoting two cases shewing the necessity of placing sensitive patients in the plane of the magnetic meridian. He has found that to sensitives of various kinds, any other position than that in which the head is towards the north, and the feet towards the south is highly distressing; but that lying in the magnetic parallel, with the head towards the west, in our northern hemisphere, is hardly endurable by sensitive persons. The cause of this is probably owing to the action of terrestrial magnetism.

“ M. Schmidt, surgeon in Vienna, had experienced a chill in his right arm while travelling on a railway, and had for some time suffered in consequence from severe rheumatism in the limb, with most painful spasms from the shoulder to the fingers. His physician employed the magnet, which quickly subdued the spasms; but they always returned. I found him with his head lying towards the south. In consequence of my remarks on

this, he was so placed as to lie in the magnetic meridian, with his head towards the north. As soon as he came into this position he expressed instantly feelings of satisfaction, and declared that he felt generally refreshed in a singular degree. The previously existing chilliness and rigors were instantly exchanged for an agreeable uniform warm temperature; he felt the strokes of the magnet now beyond comparison more agreeably cooling, and beneficial than before; and before I left him the rigid arm and fingers had become moveable, while the pain entirely disappeared."—(p. 64.)

"I now visited Mlle. Sturmman in the Clinical Hospital of the University of Vienna. She suffered from pulmonary tubercles; and her fits were called eclampsy. By her own account they had come on in the sixteenth year of her age, three years previously, after some nights of violent, and long-continued dancing. I found her on a bed lying from west to east. I then brought to act on her a powerful magnet capable of supporting 80 lbs., made passes with it, laid it on her head, and in contact with her feet. It produced only some feeble reactions. I now begged her physician, Dr. Lippich, to allow her to be placed in the magnetic meridian from north to south, which he very obligingly did. Everything became instantly changed. The patient immediately gave signs of satisfaction; the previous restlessness left her; a painful smarting of the eyes, from which she had constantly suffered disappeared. Instead of the intolerable heat which had before tormented her, she felt refreshing coolness, and a general sense of relief pervaded her frame, while we observed her. There followed a night of such quiet refreshing sleep as she had not for a long time enjoyed. From that time forward her bed was kept in the same position, and this she earnestly entreated. On another occasion I prevailed on her to turn round in bed, so as to place herself with her head towards the south. This time, just as rapidly as before everything had changed for the better, everything changed for the worse. General restlessness and heat appeared; flushing of the face and oppression of the head followed; *and the peculiar painful smarting of the eyes immediately returned.* But all these feelings were, as it were, stripped off as soon as I

again placed her in the north and south position. In this normal position I again tried the magnet. But what a difference! She, who had before hardly perceived its action, could now not bear it, when I removed the armature even at some distance. I had placed myself four paces from her head; and when I spoke to her, she gave me no answer. When I examined her I found her insensible, and in a state of tonic spasm. After her waking from this fit, I stood at seven paces from the foot of her bed, and detached the armature. In this case also she had hardly uttered a word when she became speechless, and I again found her in the same state as before. A third time I removed from her, in the line of the magnetic meridian, to a distance of more than thirty feet from the foot of her bed. She did not at once perceive any effect when the armature was detached; but after I had remained about a minute in the same position, she suddenly stopped in the middle of a word and became speechless. She had uttered half the word; the other half died upon her lips. She was suddenly attacked by spasms, and I found her lying rigid, with clenched hands. Her eyes were open and turned upwards; and so completely devoid of sensation, that I could lay my finger upon the eye-ball without causing any motion of the eyelids. How unexpected a difference of effect was here! The same magnet, which I had before placed on her hands and feet, while she lay in the magnetic parallel, with hardly any perceptible effect, now when she lay in the meridian, struck her instantly down insensible at the distance of thirty-two or thirty-three feet."—(p. 68.)

DIE GEBURTSHILFLICHE PRAXIS ERLÄUTERT DURCH ERGEBNISSE DER II GEBÄRKLINIK ZU WIEN, by Dr. F. H. ARNETH, Assistent an der II Gebärklinik zu Wien. Wien, 1851.

MIDWIFERY PRACTICE ILLUSTRATED BY THE RESULTS OF THE SECOND MIDWIFERY CLINICAL DEPARTMENT OF VIENNA, by Dr. F. H. ARNETH, Assistant of that Department. Vienna, 1851.

THOUGH the talented author of this work is well known as a homœopathist, the work, the title of which stands above, has

nothing to do with homœopathy, and its subject is not one which strictly comes within the sphere of our observation as homœopathic journalists, but the circumstance of the author being a homœopathic practitioner would forbid us passing it by unnoticed. Indeed it is a hopeful sign of the progress and firm establishment of homœopathy in the Austrian Empire, that acknowledged homœopathic practitioners are elected to fill the important post in the Great General Hospital which Dr. Arneth occupies; it is a cheering sign of the zeal and energy of Dr. Arneth that he has devoted himself to the study and practice of a special branch of medical science, and it is a proof of his great talent and industry that he has published a book which must henceforward render him *the* authority in Austria for the statistics of midwifery practice in the Vienna Medical School. Nothing could more effectually tend to make our system respected by our adversaries than that some of us, by devotion to special branches of medicine or of surgery, should acquire for ourselves an undoubted reputation and authority in these branches, and thus give the best possible, because practical, refutation of the dictum of Hufeland, that the general acceptance of homœopathy would prove "the grave of science," * a sentiment that has been re-echoed by Forbes, when he pronounced it "degrading to the physician." † But this is not to be done without much sacrifice of personal comfort and present advantage, though perhaps it might not be necessary in other cases to make the same amount of sacrifice that Dr. Arneth has done, to wit, abandoning a good private practice and devoting himself to a toilsome and harassing occupation in a large public hospital in the midst of the opponents of his own medical faith; and last though not least in the estimation of some, without pecuniary remuneration for his labours. Barren of remuneration of another, and to some, more acceptable kind, Dr. Arneth's labours have not been, for he has been nominated to the post of *Privat-Docent*, as it is termed, a preliminary step to the professorship—in fact, that office without the salary, but with the privilege of having pupils. This we believe is the first instance

* *Die Homœopathie*, p. 14.

† *British and Foreign Medical Review*, vol. xxi. p. 256.

of an avowed homœopathist having been elected to a similar post* in Germany or elsewhere. and it says much for the merits of Dr. Arneth, and for the liberality (or latitudinarianism) of the Vienna faculty.

The work under consideration is a statistical account of the Obstetric Hospital of Vienna, and more especially of the second division of it, which is devoted to the instruction of female practitioners, who there receive a proficient education in the obstetric art, and are subsequently distributed over all parts of the Austrian dominions, a truly excellent and philanthropic arrangement well worthy the imitation of more liberal governments. During the three years of Dr. Arneth's service in this department of the hospital, 9728 women were delivered there. It would be out of place to enter here into a minute description of the arrangements and regulations of this in many respects excellent institution, or to give the results of Dr. Arneth's labours. The former are already familiar to the British public in Mr. Wilde's work on "*Austria and its Institutions*," and the latter are in such a condensed and succinct form in Dr. Arneth's work, that to do him justice we should have to transfer his book to our pages. We must therefore refer the reader to the book itself for an account of the Vienna obstetric practice, and its comparison with that of France, Ireland, and other parts of Germany, which is by no means unfavourable to the Vienna practice. Before concluding, we may be allowed to notice a few facts observed by our author. Thus, he states that laceration of the perinæum does not heal up by granulation, but by the interposition of a membranous substance. From the excellent arrangements provided for the suckling of the infants, aphthæ, so much dreaded in other hospitals, are almost unknown in Vienna, and inflammation of the mamma in women is of very rare occurrence. Out of 6537 women only three were affected with mastitis, two out of that number having the disease before delivery. Dr. Arneth refutes, by the statistics of his hospital, Ramsbotham's opinion

* Professors elected whilst allopathic have subsequently become homœopathic and retained their office, as in the case of Prof. Zlatarovich, of Vienna, and Prof. Henderson, of Edinburgh, and homœopathists have been elected to professorships of homœopathy, as in the case of Dr. Wurmb, of Vienna, but these are not analogous instances.

that eclampsia occurs most in hot weather. Premature labour, in cases of deformity of pelvis, preventing delivery at the proper time, is brought about by means of the warm uterine douche, continued for 20 minutes at a time, and repeated daily, assisted or not as occasion may demand by the administration of *Secale cornutum*.

1. *THE HOMŒOPATHIC DOMESTIC PHYSICIAN*, by CHARLES J. HEMPEL, M.D. New York, 1850.

2. *THE HOMŒOPATHIC MEDICAL DICTIONARY AND HOME GUIDE*, by A. HENRIQUES, Physician to the Spanish Embassy, &c. London, 1850.

THE only saleable homœopathic work is the Domestic Homœopathic Guide, and here we have two more to add to the thousand and one that have already appeared. We have them of all sizes and prices, from the ponderous tome of Laurie down to the waistcoat pocket-book of Malan; of all styles, from the prolix dissertation on the causes, symptoms, and treatment of all imaginable diseases, down to the curt and unsatisfactory enumeration of the mere names of common affections, with their appropriate remedies in monosyllabic abbreviations. The sale of these works is enormous, for many of them on our table have gone through two, three, and even more editions. If the utility of works were to be estimated by their sale, these would certainly rank high in the scale of usefulness, but we doubt whether that test is applicable in the present case, for we are much deceived if the purchasers of most of these books are not miserably mistaken with regard to the amount of knowledge they put them in possession of. Indeed we scarcely ever meet with an anxious matron who has ventured to buy one of these books, who has not speedily added to her library another and another, finding that she was unable to determine from the preceding ones what medicines to administer to her child. We have often noticed that persons when first they adopt homœopathy, seem to think it is a method of cheap physic, whereby they may be enabled to dispense with a doctor altogether, and in this delusion they are confirmed by glancing over the contents of these domestic guides. However, when they come to treat an ailment, they are usually disconcerted

by finding that they can nowhere discover in the written descriptions of disease, any resemblance to the patient's symptoms. In haste they purchase another "Domestic," but this too fails them, and at length they begin to perceive that these books, though professing to enable them to treat almost all diseases under the sun, often play them scurvy tricks, and like *ignis fatui* leave them frequently in the lurch at the critical moment. A very intelligent lady, the mother of a large family, told me that on first commencing homœopathic practice she had diligently studied first one and then another domestic guide, but had never been able to treat her children's ailments by the book, and at length after much disappointment and a great deal of fruitless labour, she had resorted to a very simple mode of treating her children. "When one of them gets ill, I give *aconite*; if that does no good, I give *bryonia*; if that does not cure, I then give *nux*; and if that fails, I send for you." This we believe is nearly the history of most of those who dabble in homœopathy. They expect a great deal too much from this domestic practice of homœopathy; but for this the domestic guides are chiefly to blame, for most of them, even though professedly "restricted to their legitimate sphere," encroach on the peculiar domain of the physician, and treat of diseases with which it would be hazardous for a non-professional person to meddle.

Both the works whose titles are at the head of this article have this feature in common, that they are arranged in the dictionary form, otherwise they are very dissimilar.

Dr. Hempel's little volume is, he says, "simply intended to enable families to prescribe, without the aid of a physician, in ordinary cases," and it is as concise and simply arranged as any mother of a family could desire; nor does it much trespass beyond its professed limits, of "ordinary cases." The medicines he refers to are ninety-three in number, but in our opinion, the number to stock the case designed to accompany this manual, might be much more limited; indeed we doubt if one single medicine would not be all that was requisite, for on looking through the book we find that *aconite* is Dr. Hempel's chief if not only specific, for almost all the thousand ills that flesh is heir to. To take the first thirty diseases mentioned in the book, we

find that Aconite is the "principal remedy" in *backache*, with it "he invariably treats" *cholera-morbus*, "he has given it with the most flattering success" in *Asiatic cholera*, "he always gives" it in *cholerina*; it is the "specific remedy" in *colic*; it is the remedy "best adapted" for *constipation*; the "principal remedy" in *diarrhœa* and *dysentery*; the "best remedy" in *dyspepsia*; it "may be used" in *prolapsus ani*; it is the "best remedy" in an acute attack of *hæmorrhoids*, and is the "specific remedy" in *chronic piles*; it is "a grand remedy" in *spasm in the abdomen*; a "principal remedy" in *indigestion*, and in *worms*; it "should be given" in *discharges from the ear*; is the "specific remedy" for *inflammation of the ear*; an "admirable remedy" for *otalgia*; the "principal remedy" for *deafness*; is recommended for *roaring in the ears*; is the "specific remedy" for *inflammation of the eyes*; the "best remedy" for *amaurosis*; "may be given" for *illusions of the sight*; is recommended in *paralysis of the lids*; *spasmodic closing of the lids*, and *styes*; it "never failed" in erysipelas of the face; and is "the principal remedy for *face-ache* and *neuralgic affections* generally;" among them are two diseases in which it is not mentioned, viz.: *hernia* and *specks on the cornea*; but as neither of these diseases form usual subjects of domestic treatment, they may be left out of the question. It is the same throughout the book, from *nettle-rash* to *consumption*; from *tooth-ache* to *apoplexy*; Aconite is now the principal, the specific, the best, the infallible remedy. What use is there for any other if Aconite deserves all these epithets? Let the dilettanti take courage, and armed with a tube full of Aconite globules, let them boldly attack all maladies with the same confidence as was displayed by a worthy mentioned by Sir Walter Scott, who treated all diseases with "two simples, Laudamy and Calomy;" and doubtless they will meet with the like success.

Dr. Henriques informs us that his work "is intended chiefly as a guide to unprofessional homœopathists in trifling ailments, and in cases of emergency, whenever proper medical advice cannot be readily obtained. It will, perhaps, be found useful likewise to allopathic practitioners, who feel desirous of testing the efficacy of this new method." This humility of the preface is belied by the ambitiousness of the work itself, for almost

every known malady, from hiccough to hydrophobia, from corns to cancer, from sneezing to syphilis, is here treated of, unequally indeed, in respect of their importance, and the difficulty of their treatment; for whilst *tooth-ache* has two whole pages allotted to it, *diabetes* is dismissed with these few words: "*colocynthis* is the specific against this immoderate discharge of urine"! Would it were! For some of the diseases the indications of the medicines are carefully detailed, but for many others no indications at all are given; thus all that we have on the subject of *tic douloureux* is the short sentence "*belladonna, capsicum, lycopodium, and platina.*" By attempting too much, Dr. Henriques has failed to produce a work that could be profitably employed by either of the classes for whom it was designed.

The endeavour of an author who writes a "Home Guide" should be to make his descriptions as short and concise as possible, and the remedies to which he refers as few as possible; but in this work no less than 157 remedies are referred to, and a domestic medicine chest is recommended which shall contain 24 bottles of tinctures and 160 tubes of globules, besides mother tinctures of Arnica, Rhus, &c., enough to set up a doctor in extensive practice. We trust, however, that our brethren will consider the supply we already have of domestic homœopathies, ditto physicians, ditto medicines, ditto guides, epitomes, and pocket books, amply sufficient for all the requirements of the public—at least for some years to come; and that the *cacoëthes scribendi* will henceforth strike out some other and more useful path.

THE LONDON AND PROVINCIAL MEDICAL DIRECTORY FOR 1851.

London: CHURCHILL.

THIS useful and elaborate publication contains this year in addition to the information it formerly furnished us with, much that will render it more useful than heretofore to homœopathic practitioners, who are now acknowledged to constitute a part in the medical world, no longer to be passed over in silence. We observe in the list of medical periodicals our cotemporary, *The*

Homœopathic Times among the weeklies, and ourselves among the quarterlies. We might take exception to the editor's arrangement, whereby we are placed at the foot of the list of quarterlies, whereas alphabetically we should have been second; and the same rank we should have occupied did the sequential order depend on seniority, for excepting the *Edin. Med. and Surg. Journal*, we are the oldest medical quarterly published in the United Kingdom. However we shall not insist on precedence, but rest satisfied with having thus vindicated our dignity. In the list of "hospitals and dispensaries for particular classes of disease" we observe the London Homœopathic Hospital, with its staff of provisional officers; the Hahnemann hospital does not appear, probably because it was not open in time for this year's directory. We may observe, by the way, that some of the hospitals (including the homœopathic) and most of the dispensaries, are not "for particular classes of disease," but for all that choose to present themselves.

Among the societies the Hahnemann Medical Society is duly enrolled, but the British Homœopathic does not appear.

At the end of the Provincial Directory is a list of the homœopathic and hydropathic practitioners, copied from *The Homœopathic Directory*, published last year in this Journal. We observe that four of our body appear in the general directories with an asterisk prefixed to their names, indicating "that they have made no return of the nature of their qualifications in reply to repeated applications," and that no less than seven gentlemen in London and eight in the provinces, who have been sufficiently long in practice, do not appear at all in the general body of the work, shewing that their existence is unknown to the editors. Now as we consider it of importance that all should avail themselves of this opportunity of registering themselves, if not for the pleasure of seeing their names in print, at least in order to prevent the reproach to which the omission of their names renders them liable, viz. that they possess no proper qualifications, we shall mention the names of the defaulters in the present directory, and call upon them not to suffer another directory to appear without a correct insertion of their names and qualifications. Those whose names appear, but with an asterisk prefixed, are

Drs. Barry and Batchelour of London, and Dr. Fearon and Mr. Parsons of Birmingham. Those who have been long in practice but whose names do not appear in the general directory, are Dr. Fischer, Dr. Hamilton, Mr. Kelly, Dr. Laurie, Dr. McOubrey, Dr. Massol, and Dr. Prince, of London; Dr. Wright, of Birkenhead; Dr. Rosenstein, of Kidderminster; Dr. Cresswell, of Leeds; Dr. Roche, of Liverpool; Mr. MacDowal, of Manchester; and Dr. Wilmot, of Southampton. As some of these gentlemen appeared in former editions of the Directory, we presume it must be owing to some mistake or carelessness that their names are now omitted, which they may rectify by a note to the editor of the work.

Besides these faults of omission, we observe also that two of our homœopathic colleagues have inserted among their works the titles of books that have never yet been published, though they may be in progress of authorship. We think it better to avoid this, as exception might be taken to it.

HOMŒOPATHIC HAND-BOOK AND CLINICAL GUIDE FOR THE
TREATMENT OF DISEASES. By DR. J. H. G. JAHR. Trans-
lated from the German by DR. SPILLAN, A.M., M.D., &c.
London: Headland, 1851—pp. 611.

THIS is the same book that we noticed in No. xxxiv, but as the size and weight of Dr. Spillan's edition unfits it for the pocket, it has assumed the title of "Hand-book." This edition is beautifully printed, but we doubt whether its increased size does not more than counterbalance the advantage of a clearer type and a greater interval betwixt the lines. By the adoption of a different type for the names of the medicines and the characteristic symptom, for which they are useful, much greater distinctness has been given to the work; and we are bound to say that Dr. Spillan has in most instances given a more accurate and literal translation of the original work than Dr. Hempel, though when the rendering of the latter was faithful, it has been transferred bodily into the pages of the former.

CLINICAL RECORD.

The Homœopathic treatment Acute Peritonitis.

By JOHN OZANNE, M.D.

IN recording the two following cases of acute peritonitis—the only cases I have met with in the course of the present year—my chief motive is to call the attention of homœopathic practitioners to the importance of submitting this very painful and dangerous inflammation to the ordeal of a careful clinical investigation. With the very scanty information to be found in most homœopathic treatises, with reference to its *prognosis* and *treatment*, the position of the inexperienced homœopathic practitioner is painful in the extreme. If he could, as he can with *pneumonia*, find in the usual practical treatises a well-defined mode of treatment, and could gain access to an imposing series of cures, of such a character as to raise no doubt in his mind respecting their authenticity, all his fears would thereby be set at rest. He would thus be guided in his treatment by the directions of acknowledged homœopathic authorities, and in his prognosis by statistical tables of the results obtained in homœopathic hospitals.

The former source of information is, as I have said, as yet very scanty. It is, therefore, towards the supply of sound practical knowledge, for the use of beginners in homœopathy, that our chief efforts should be directed.

It may, perhaps, be objected to me that it is not by any means necessary that the homœopathist should possess treatises upon the practice of medicine in every way similar to those written for allopathic practitioners, for the former has a *law* which to him is an almost infallible guide. I am ready to admit the validity of this objection to a certain extent, but I may at the same time remark, that this guide is only *infallible* to him who is thoroughly conversant with the extent and nature of the virtues of every drug in the *materia medica*; who can lay claim to so perfect a knowledge of the pathogenesis of all known drugs? The experience of men accustomed to interpret the pathogenesis of every drug by the effects observed at the bedsides of their patients is therefore needed by the beginner, and will not be disdained by those who, themselves, have a tolerable share of experience in the treatment of disease, and of knowledge of the effects of drugs upon the healthy subject.

With reference to the prognosis of peritonitis we are entirely dependent for statistical information upon the tables published at Vienna. Now, it so happens that a doubt of the value of the statistics of this disease derived from Vienna has been raised by Dr. Balfour, in his letter upon Homœopathy (in the 46th No. of the *Brit. and For. Med. Rev.*)

“The startling results,” says he (p. 607), “obtained by Fleischmann in peritonitis caused me to make it the subject of strict enquiry, and I found that its idiopathic and too fatal form, so frequent here, was unknown, or at least very rare, in Vienna. There it occurs as a subacute tubercular inflammation, usually of circumscribed extent. Such cases I have seen recover under the use of *extract. graminis.*; and although no cases occurred during my visits to the homœopathic hospital, I have no doubt that the infinitesimals would be equally efficacious. The disease is truly peritonitis, but of so peculiar a character, that there cannot be a more flagrant instance of the deceptive nature of the statistics of names, than to compare it with ours.”

That the statements made by Dr. Balfour should not shake our faith in the statistics of the Vienna Homœopathic Hospital, no one who will carefully read his reports will for a moment doubt. He is too zealous a champion of allopathy and too eager to give to homœopathy its death-blow to be a trustworthy reporter. He informs us, among other things, that tubercular peritonitis is, compared with the acute form observed elsewhere, a very innocent disease at Vienna. This information certainly seems startling to homœopaths who are accustomed to look upon tubercular peritonitis as infinitely more serious in character than the usual acute form. His latter paragraph seems to imply, that acute peritonitis is comparatively a mild disease *also* at Vienna. Happily we are not altogether dependent upon Dr. Balfour for the pathological anatomy of peritonitis at Vienna. We have the experience and authority of Professor Rokitansky likewise. Now the professor in his work says (vol. ii. p. 14) “acute general peritonitis *very often* terminates fatally;” and as he does not say that tubercular peritonitis is very rarely fatal, we may safely infer that, as in the north of Europe, it is *almost always* fatal. It is unfortunate for Dr. Balfour to be in collision with the learned writer on pathological anatomy of the Vienna school, but it is good that the homœopaths who have read the former should know what the latter has to say upon this subject.

These considerations lead us to the rejection of Dr. Balfour's

statements, and thereby to replace our confidence in the statistical documents emanating from the Vienna school of homœopathy.

Nevertheless, in the face of these statements, it would be well to bring the whole subject under careful investigation *at home*, in order to ascertain the curability of the various forms of peritonitis and the plan of treatment best suited to each.

CASE 1.

On the 22nd of April I was requested to visit Mrs. H—, aged about 60, the widow of a small farmer, residing in St. Martin's. I first saw her at 5 p.m.; I was informed that on the 20th she had been some hours, as usual, seated in the market-place selling her vegetables, the whole time exposed to a continued and heavy rain. On returning home in the evening, and after her return, she felt very cold. She had since had rigors, and had been suffering intensely in the left iliac region for some hours. The pulse was hard, tense, 96; the tongue coated, red at the tip and edges; there was intense pain in the left iliac region, some hardness as if a convolution of the intestine were tense and hard, and tenderness on pressure; at times there were violent pains (I understood them to be of a *clawing* or cutting character) in this region.

Pr. Tinct. acon. napel. 1.

23rd.—Pulse 84, less hard; no action of the bowels, but still much pain in the iliac region, extending towards the umbilicus.

Pr. Tinct. Nucis v, 2.

24th.—The patient was much worse; although she had had two liquid motions, the abdomen was hard and tumefied, not only in the left side but likewise across the umbilical region to the right side; much distressing pain; continual moaning; extreme tenderness over all the parts swollen; there had been no sleep at all; tongue red, dry; pulse hard though small, 104; complete inability to turn in her bed; thighs flexed upon the abdomen.

Pr. Tinct. Aconit. N. 1, gtt. x aquæ, 3 vj, M.; take one dessert spoonful every two hours.

25th.—A decided remission in the fever; pulse 96; there had been two hours' sleep in the night; the skin moist with perspiration. the local symptoms not abated; abdomen very tumid, so tender that she could not bear the slightest pressure upon it; countenance very anxious; constant moaning; anticipation of death; tongue as before.

Pr. Repeat the same.

26th.—She was in much pain all the night up to 7 a. m.; but after that hour she was easier; the paroxysms of pain were less intense; the tenderness very great in the left iliac region, but abated elsewhere; she had been able to turn herself a little with the assistance of her attendants; the tumefaction of the abdomen unabated; pulse less hard, 104. *Pr.* Repeat the same.

27th.—Decidedly better; pulse 94; less fever; copious perspiration; there had been two motions of the bowels, the first by means of an enema, the second spontaneous and liquid (these were the first evacuations since the 23rd); notwithstanding this the fulness and tension of the abdomen continued, but the tenderness had considerably abated.

Pr. Tinct Mercur. subl. corr. 2, gtt. vj, aquæ 3 vj, M.; take dessert-spoonful every two hours.

28th.—Pulse 82, soft and fuller; abdomen less tumid; a certain amount of pressure could be borne in the left iliac region; tongue no longer dry, but red at the tip and coated.

Pr. Repeat the same.

29th.—Pulse 77; abdomen nearly well; she had had a spontaneous action of the bowels.

Pr. Repeat the same.

30th.—Still some fulness and tension in the abdomen, but scarcely any tenderness in left iliac region; there had been another spontaneous evacuation.

N.B.—She could now draw a deep inspiration, and told me (which had not been mentioned before) that during the three or four days that she was most ill she was obliged to suppress every inclination to cough or sneeze as it caused intolerable pain.

Pr. Continue the same.

May 2nd.—Improving.

Pr. Repeat Mercu. 2nd, dil.

4th.—Sat up on the 3rd; she felt well, excepting a pain in the abdomen when bending forwards.

Pr. Continue Merc.

7th.—Quite well.

Remarks.—This case was considered to be, on the first day, acute inflammation of an intestinal convolution. On the second day I was confirmed in that view by the remission which had taken place in the febrile symptoms. I therefore thought it was sufficient to prescribe *nux vomica* on account of the constipation, and of the pains experienced in the left iliac region; but the inflammatory symptoms had

evidently only been kept in abeyance by the Aconite given on the first day, for they rose to a formidable height by the next day. This is another instance of the remarkable action of low dilutions of Aconite, which produce a powerful *antiphlogistic* effect without effusion of blood.

The excruciating pains experienced by the patient which rendered pressure on the abdomen intolerable; the tumefaction and tension of this region; the inability to cough or sneeze, or take a deep inspiration without rendering the pain unbearable, seem characteristic of peritonitis.

The action of Aconite was continued until the violence of the symptoms had abated to a considerable extent; Mercurius was then given, the state of the patient being narrowly watched, in order to return to Aconite if it should seem necessary to do so.

This patient and the subject of the next case, are both illustrations of the fact, that excepting when the patient's constitution is previously exhausted, or broken down, by ill health or other causes, the age is no bar against the successful issue of the treatment; it merely retards the recovery, or exercises no perceptible influence whatever. This fact I have stated elsewhere, in reference to the treatment of *pneumonia*, by Dr. Tessier, of Paris.

CASE II.

The lady of Col. D—, aged above 60, sent for me in the evening of the 8th of October. She had been out the previous evening, the weather being wet and cold; she felt cold when she reached home; she partook plentifully of oysters, &c. During the night she felt very poorly, and had rigors. In the morning she vomited; afterwards she took a powder containing ginger; her bowels were freely evacuated. In the course of the day she became much worse. In the evening she complained of nausea; pains in the stomach and bowels; she felt chilled and hot; the pulse was accelerated.

Pr. Nux vom. 2, gtt. vj, Aq. 3 vj.

9th.—Tongue dry and red; much tenderness in the abdomen, chiefly in the hepatic region; severe pains extending from the scrobiculus cordis to the hepatic region; skin hot; perspiration; pulse 108.

Pr. Aconit. napel. 2, gtt. vj, Aq. 3 vj.

10th.—Pains increased, unremitting; she had passed a wretched night; had violent clawing and cutting pains in the abdomen, which was swollen and tense; there was also excessive tenderness of the

whole of the abdomen ; tongue red and dry ; much thirst ; pulse 108.

Pr. Aconit. n. 1, gtt. viij, Aq. ʒ vj, one dessert spoonful
every two hours.

10 p. m.—Abdomen excessively painful ; she could neither move nor cough without excruciating pain ; she could not bear the weight of the bed-clothes, nor the slightest pressure with the hand ; the pulse nevertheless had fallen to 100.

Pr. Cont. Aconit.

11th.—There were intense paroxysms of cutting pains, from 9 a. m. to 11 ; also excessive abdominal tenderness ; her general state seemed improved ; there had been a short sleep in the night ; pulse 88.

Pr. Aconit. n. 1, gtt. x, Aq. ʒ vj.

One dessert spoonful every two hours.

10 p. m.—Pulse 92, soft ; tongue less dry ; abdomen exceedingly hard and tense, less tender on the left side, where considerable pressure could be borne ; she had been able to move slightly, so as to lean upon her right side, but even this little movement caused much pain.

Pr. Cont. the same.

12th.—Considerably easier ; abdomen less hard, but much swollen ; much tenderness in the hepatic region and below ; but in the umbilical region and on the left side of the abdomen she could bear a certain amount of pressure ; frequent sharp pinching pains in the bowels.

Pr. Tinct. Bellad. 1, gtt. iv, Aq. ʒ iv, M, take one dessert spoonful every three hours.

13th.—Abdomen still very large, she could bear pressure every where excepting in the right flank and the hepatic region ; she could turn in bed without much difficulty ; she had slept well ; pulse 86.

Pr. Cont. the Bell.

14th.—Much tenderness in the hepatic region, but no where else ; the bowels had not yet been moved ; some days previously she had taken *manna*, without effect ; she was now advised to take *ol. ricini*.

Pr. Merc. corr. subl. 1, gtt. iv, Aq. ʒ iv, one dessert spoonful
every three hours.

15th.—The bowels were moved by means of the oil ; the tenderness in the right hypochondrium had abated.

Pr. Merc. corr. subl. 2, gtt. iv, Aq. ʒ iv.

16th.—Abdomen soft though full ; rumbling in the bowels ; no tenderness in the hepatic region ; pulse 76 ; sleep good ; a little ap-

petite; she was advised to take arrow-root and beef-tea; hitherto she had had no appetite whatever; was up some time in the morning.

Pr. Repeat the same.

17th.—Well, excepting a cough. From this time she got up every day; she had a cough which retained her in her room a few days longer: she afterwards recovered very rapidly her former strength.

Remarks.—This was on the whole a more severe case than the former; this patient was also longer in bed. She recovered more slowly, but this was due to a cough, which became troublesome about the time that she was convalescent from the abdominal disease.

On the first day I looked upon this case as simply gastro-enteritis, with rheumatic pains in the abdominal parietes, aggravated by the irritating powders which had been taken, and by the indigestion resulting from a heavy supper. The *nux vomica* was given on account of the spasmodic pains in the stomach and bowels. On the second day the nature of the case could not be mistaken. By the third day the peritonæal inflammation was at its full height; after the Aconite had been given during thirty-six hours, the general symptoms began to subside; it was however continued until the local symptoms had also improved; Belladonna was next given, on account of the character of the spasmodic pains, which fully indicated it. It was, finally, followed by Mercurius, by means of which the tenderness on the right side of the abdomen was removed.

It is remarkable that in this case the inflammation followed a retrograde course corresponding with its advance. The hepatic region, the first seat of its outbreak, was likewise the place in which it lingered most. This circumstance gave rise to serious apprehensions that some mischief was going on in this part, and that possibly a suppurative process might take place, if the exudations of serum and fibrinous, or other products, were not speedily absorbed. This part of the treatment was to me the source of much anxiety. Mercurius answered every expectation entertained of it, and terminated the cure of the abdominal affection.

The treatment of peritonitis should not be looked upon as the treatment of an individual or isolated disease. The similarity in structure which is so striking in the serous membranes, and the close resemblance of the pathological changes which take place in them point out to the probability that the same treatment, slightly modified,

may be appropriate to the inflammations of any or all of them: this is to a certain extent confirmed in practice. Aconite, so useful in pericarditis, pleuritis, &c., and in the inflammations of the synovial membranes, is certainly the medicine which in its symptomatology and at the sick-bed, answers best to the inflammatory stage of peritonitis. I consider it superior to Belladonna, which is recommended by some homœopathists, and which formerly I used to employ. I believe, from what I have seen of inflammations of the peritonæum, that Bell. can only hold a secondary position during the early period of the disease. It may be of use to remove or quiet excessive contracting or cutting pains in the bowels, but the morbid state of the serous membrane itself will be best met by Aconite.

When the inflammatory symptoms have considerably abated, the patient cannot be looked upon as out of danger; the disease may continue in a chronic form, and so long as there are products of inflammation unabsorbed, a suppurative process may set in, and the case terminate fatally. I look upon *mercury* as the best medicine to produce the desired effect in this stage.

In abdominal affections generally *mercury* is a very useful remedy; in sub-acute inflammatory disease of the intestines, even in the second and third weeks of typhoid fever, when Arsenic is not indicated, Mercury is productive of much benefit. I think it will be found to be not less serviceable in peritonitis, when the period of active inflammation is past.

Cases by Dr. Drysdale.

CASE I.—ACUTE HYDROCEPHALUS.

THE patient was a boy of four years of age, with a large head, of quick intellect and excitable temperament. About five months before, an eruption of the scalp, which had affected him and other members of the family, was removed (under allopathic treatment) by a succession of blisters. But since that time he had frequently suffered from headache, and starting, restlessness and grinding of the teeth at night.

On the night of the 10th February, 1848, he was feverish and restless, and had a distinct shivering fit. When seen on the morning of the 11th he had great febrile oppression; excessive heat of the skin, alternating with chilliness and paleness of the face; the pulse rapid, hard and throbbing; much pain in the back of the head; and a painful short cough.

Aconite 3, every two hours.

In the evening of the 11th.—The pulse was not quite so hard, otherwise the symptoms were the same.

Belladonna 6, every three hours.

12th.—He had a bad night, and the heat, restlessness, headache, &c. continue as before ; the eyes are half open when he sleeps ; he wakes often with a scream and is unconscious for a time ; tongue white, with an abraded patch ; bowels costive.

Phosph. 4, every three hours.

12th, evening.—The same symptoms continue, and he has besides vomited several times ; he rambles in sleep, and is not conscious for some time when awoke ; *the head is excessively hot*, and much pain at the back of it ; he knits his brows and is very sensitive to light and sound, and is reported to have squinted several times ; the pupils contract pretty well ; the pulse is quick and jarring ; the bowels costive, and only some hard lumps evacuated by an injection.

Belladonna 4, every two hours, preceded by one single dose of Arnica 3.

Spirit lotion to be applied to the head, and to have another enema.

13th.—Last night he was much the same and seemed to be low and sinking, but was revived after the dose of Arnica ; the pulse is now 160 ; there is much thirst ; tongue the same ; headache rather less. The other symptoms much the same, and he has also a harsh croupy cough. In the middle of the day he had again a chilly sinking fit, with irregular pulse for about an hour.

Arnica 2, and Helleborus 2, every two hours ;
two doses of the Arnica for one of the Helleborus.

13th, evening.—Decidedly better ; pulse 120 ; no thirst ; less pain in the head ; little starting and screaming ; still sensitive to light ; conscious, but speaks and notices little ; and is unwilling to take anything, either food or drink, into his mouth.

Continue Arn. and Helleb.

14th.—Has had a tolerable night, and slept nearly four hours at once ; he is on the whole more sensible and shows some playfulness ; no desire for food ; no stool ; pulse 130.

Continue Helleb. and Arn., alternately every three hours.

In the middle of the day he had a violent paroxysm of pain in the head and increase of fever, with crying and tossing about. One dose of Aconite 3, was interposed and the other medicine continued. In the evening he was better again, but there was a good deal of

cough, with flushing of the face. A febrile attack seems to come every twelve hours.

Bryonia 3, Helleb. 2, alternately every two hours.

And a dose of Aconite was left to be given if the febrile exacerbation returned.

15th.—He is much better to-day and is more animated and desires food. Still furred tongue; head very heavy and eyes sensitive to light; and bowels costive.

Continue Bryonia and Helleb.

Next day much the same, except that the cough was more troublesome and he had two fits of screaming, with pain in the head.

Continue.

On the 17th.—Again much heat and heaviness in the head, and oppression; grinding of the teeth and squinting; and the child takes little notice, and is more feverish.

Acon. and Bell. alternately every two hours.

18th.—Better again, and all symptoms improved. Cont. med.

19th.—Much better; tongue cleaning; pulse 100; child looks lively. The cough is loose but troublesome.

Two doses of Pulsatilla, followed by Belladonna again.

During the next few days he improved steadily, and in a fortnight, under a few doses of Hepar followed by Silica, was perfectly restored to health.

CASE II.—ACUTE PERITONITIS.

M. N., aged 8. A boy of florid complexion and sanguine temperament; had a fall on the 14th of September without apparently sustaining any injury, for he made no complaint on that day. Next day, however, he was attacked with bilious vomiting, which recurred during the day, but he was tolerably well during that night. On the 16th he was seized with violent shooting pains across the abdomen, &c., in consequence of which the nearest medical man was called in, and pronounced the disease to be inflammation of the bowels; leeches, purgatives, and calomel and opium were ordered. On the 17th the boy, who was at a considerable distance from Liverpool, was brought home and placed under homœopathic treatment. I found him in the afternoon of that day in the following condition: violent shooting pains across the abdomen; excessive tenderness of the abdomen; pulse 120, but not hard; great thirst; he lies on the back, and any attempt to move the body or limbs causes intense pain in the abdomen;

tongue whitish, furred and moist, not pointed; breathing superficial; he cannot pass urine, except after an injection *per anum*.

Aconite 3, and Mercurius 3, were ordered alternately every two hours.

18th.—Has had a tolerable night and slept a good deal; two bilious stools and passed water spontaneously; pulse 112; abdomen still so tender that he cannot bear any one to walk roughly across the room; he lies on the back with the legs sometimes stretched out, and at others drawn up; very fretful and peevish; less thirst.

Aconite 3, and Bryonia 3, alternately every two hours.

19th.—He is reported to have had much increase of the shooting pain and tenderness in the abdomen for about an hour after the first dose of the Bryonia, they then subsided and he had desire to stool; an injection then given brought away a scanty fetid bilious motion, after which he was much relieved and slept a good deal. The pulse is now 106, soft; tenderness in abdomen much less and he can bear pretty firm pressure everywhere, except on a small spot at the right side. Altogether he is much better.

Continue the medicines alternately every three hours.

On the 19th and 20th.—He continued to improve; pulse went down to 104, and urine deposited red sediment.

Got Bryonia alone every four hours.

22nd.—Last night had some return of the violent pain and fever; he lies on the back with the legs drawn up, and excessive tenderness in the right hypochondriac and cœcal regions; two scanty bilious stools; no tympanites; tongue furred; pulse 118.

Belladonna 3, and Bryonia 3, alternately every two hours.

23rd.—Greatly better again and can bear pressure, except in a small spot below the navel; tongue cleaner and some appetite; bowels moved more copiously; pulse 92.

Continue Belladonna 3, alone, every three hours.

24th.—Pulse 88, and pain gone; no tenderness in abdomen, except to strong pressure or sudden movements.

From this time he improved steadily under *Nux vomica*, *Arnica* and *China*, till on the 1st October he was able to be out in the open air. But on the 7th October he had been complaining for three days of pain in cœcal region, and feeling that the leg was too short; he is also irritable and the hands hot; pulse 100. Injection brought away some hardened and scybalous fæces. As I considered that most likely irritation was kept up by hardened scybale lodged in

the head of the colon, owing to the intestine not having recovered its normal tone, I ordered a purgative dose of Castor Oil. This brought away a quantity of scybalous fæces, and all the symptoms subsided. Tincture of Sulphur was given for a few days; under this the bowels became quite regular and the little patient soon regained his wonted health and strength.

CASE III.—GASTRODYNIA.

14th August.—A female, aged 33, had been for some considerable time affected with the following symptoms:

She has irregularly every two or three days attacks of violent pain in the epigastrium as if the stomach was torn out, and the food seems to lie like a load undigested, and she has retching. She then takes an emetic which gives temporary relief. These attacks are preceded by hunger. In the intervals she has frequent pain in the left side of the abdomen; the bowels costive; after meals she has acid risings of food. Argentum 6, in water, a dose night and morning.

On the 2nd September.—She reported she had had no attack, and felt otherwise well. Cont. med.

On the 16th and 30th of the same month she made the same report, and was dismissed cured.

*Cases by Dr. Rutherford Russell.**

CASE I—PROLAPSUS UTERI.

Oct. 18th, 1848.—Mrs.—, æt. 51, naturally of a good constitution; had a large family; been in India; prolapsus uteri after last child, ten years ago; has long had leucorrhœa. About two months ago caught cold when bathing; then attacked with pains in loins, shooting down to the uterus, and with spasmodic difficulty of urinating; the water very thick and high coloured at that time, but less so now; urine very irritating, there is a great deal of leucorrhœa, white, not acrid;

* Nothing but a strong sense of the importance, almost the necessity to Homœopathy, in its present stage of development in this country, of a quantity of authentic and perfectly miscellaneous cases, described with such an amount of scientific precision as to secure them being recognized by all experienced medical practitioners, could have overcome my repugnance to publish the following; and I trust, that there may soon be such an ample supply from other labourers in the same field as to prevent the smallest risk of our ultra Hahnemannian brethren being shocked by too frequent a repetition of the dose.

headache in the morning; sleep good; languid circulation; pulse small and quick; appetite and digestion good; the urine tends to come away involuntarily; her great complaint is debility. Although I had no doubt that the seat of the disease in this case was the uterus, I did not think it necessary to insist upon any kind of examination, so that it may be a question, perhaps, with some of our more scientific colleagues, if this lady ought to have been cured. She was ordered a hip-bath and Sulph. $\frac{30}{4}$, Nux-v. $\frac{30}{4}$, Nux-v. $\frac{15}{4}$, each powder in four spoonfuls of water; a spoonful every night and morning; two days without medicine after each powder.

Nov. 1st.—Much better every way; leucorrhœa improved; gave up the hip-bath as not agreeing. Cont. med.

Nov. 15th.—Much better; less leucorrhœa; cannot retain urine so long as she should; complains much of cold.

Pulsat. $\frac{6}{4}$, Sulph. $\frac{15}{4}$, Nux-v. $\frac{6}{4}$; to be used like the last.

Dec. 7th.—Has been much better since giving up medicines; urine still comes away too rapidly, but she is on the whole much better. Bellad. $\frac{30}{4}$, Bellad. $\frac{14}{4}$, Bellad. $\frac{6}{4}$.

Dec. 27th.—Urine quite right; no leucorrhœa; *prolapsus very much better*. Cont. med.

January 12th, 1849.—Much better; still slight leucorrhœa.

Laches. $\frac{30}{4}$, Laches. $\frac{15}{4}$, Laches. $\frac{12}{4}$; to be used like the last.

Feb. 1st.—Not quite so well; more wakeful; subject to sudden flushes of heat.

Ignat. $\frac{6}{4}$, Calc. $\frac{30}{6}$, Ignat. $\frac{6}{4}$, Calc-c. $\frac{15}{4}$; to be used like the last.

March 2nd.—Pain in side quite gone; no leucorrhœa; urine natural; prolapsus less. Sepia.

April 2nd.—No leucorrhœa; urine natural; in fact, well. I have copied this case verbatim from my notes, and thus secured accuracy and defied grammar.

CASE II—CONGESTIO CEREBRI.

March 20th, 1849.—Mr. —, æt. 30 (?) has for long had a very delicate stomach, and subject to bilious vomiting. In February 1848, had giddiness and vomiting. Last December for diarrhœa he took a large dose of Laudanum; had an attack of giddiness; took Gregory's mixture, which purged for two days; then took Laudanum and got seriously ill of giddiness; all this treatment was by the advice of the not least distinguished members of the faculty. Ever

since that time he has been very giddy; frequently fallen; he has taken Zinc and Silver, and thinks himself getting worse; tongue coated and slimy; appetite good; bowels regular; no pain in bowels or stomach; urine lateritious; giddiness, chiefly in the morning, and sudden; no numbness; could not sleep for a week, and when he did his hands were asleep when he awoke; constant ringing in left ear, and sudden blindness; uncomfortable sensation on shaking the head, as if something were in it.

Nux-v. 2d. dil. gtt. ii; a powder to be dissolved in a wine-glassful of water, and taken at bed-time.

March 22nd.—Been quite well since; great somnolence after dinner, and generally in the evening. Cont. Nux-v.

March 26th.—Had an attack of giddiness yesterday; tongue coated with white clammy fur; much flatulence in the morning.

Coccul. $\frac{6}{4}$; two powders, each in six spoonfuls of water, a spoonful three times a-day.

March 30th.—No sickness, but very giddy.

Bellad. $\frac{3}{6}$, Carbo-veg. $\frac{12}{4}$, Bellad. $\frac{3}{6}$, Carbo-veg. $\frac{12}{4}$.

April 2nd.—I was sent for the day after he began the above course, and found him very sick and giddy, and ordered the first dilution of Nux-v., a drop in a tablespoonful of water every three hours.

April 5th.—Much better. Continue the Nux-v.

April 8th.—No giddiness or sickness; getting stronger and well. Cont.

April 10th.—Has had one pretty severe attack of sickness and giddiness; a restless night; dreamt much; cutting pain in stomach.

Laches. $\frac{6}{4}$; three powders.

April 22nd.—No regular attack of giddiness or sickness; feels nervous; sleeps well; no pain in stomach.

April 30th.—Quite well, and I believe continued so. I attribute the cure of this case almost entirely to Nux-vomica of a low dilution, given every three hours for some days; and yet this disease had lasted a year and was undoubtedly chronic. The diagnosis was somewhat embarrassing, but I apprehend the primary evil was in the head. He was large-headed, short of stature, and had applied himself much to business, and the immediately exciting cause was an over-dose of Laudanum. If this diagnosis be true, the chances are that unless he had been properly treated at that time he would long ago have been dead of apoplexy.

CASE III—GASTRO-ENTERITIS CHRONICA.

March 28th, 1850.—Mr.—, æt. 34, for eight years has been subject to stomach complaint and derangement of bowels; tongue indented at edges; appetite pretty good; slight nausea; squeamishness; spasmodic pain in stomach before eating, and much indigestion and acidity after eating; painless diarrhoea, or at least irritation of bowels after eating; no pain but much flatulence, and general rawness of the bowels; taking wine always increases the irritation; urine thick, with a lateritious sediment; occasional giddiness and want of memory, attended with excessive nervousness and palpitation of the heart; inclination to diarrhoea, chiefly at night; clammy taste in mouth.

China $\frac{6}{4}$, Kal-carb. $\frac{6}{4}$, Pulsat. $\frac{12}{4}$.

March 13th.—Was much better whilst taking the China for some days, but was worse after a late breakfast; had diarrhoea and slight dysentery, with very light coloured stools. He took Nux-v. and Arsen. at his own hand.

Chamom. $\frac{6}{4}$; three powders each in four spoonfuls of water, a spoonful night and morning.

April 4th.—On the whole much better; not so much acidity; bowels still inclined to be loose; stools partly consistent; no pain after eating; less pain before eating.

Mercurius sol. and Laches.

June 6th.—Stomach much better; straining, with very little effect once a-day; no headache; clammy taste in mouth, in the morning; stools loose and dark; urine too light in colour and profuse; taken Merc. sol. with advantage.

Nux-v. $\frac{15}{4}$, Arsen. $\frac{15}{4}$.

August 4th.—Daily motion, too light and thin; all sweet things and vegetables produce slight nausea; no vomiting; frequent heart-burn, attended with flatulence; tongue coated with a white fur; urine muddy and light in colour, and sometimes very copious.

Capsicum, 1st dil. gtt. i., Zincum met. $\frac{15}{4}$, Zincum met. $\frac{6}{4}$,

Spongia. $\frac{15}{4}$, Spongia $\frac{6}{4}$; to be used like the last.

August 16th.—Bowels better; acidity and heart-burn; vegetables taken without injury.

Con. $\frac{6}{4}$, Zinc. $\frac{12}{4}$.

Sept. 26th.—Bowels still rather loose; spasmodic pain in stomach; three or four hours after eating; slight acid taste in mouth; slight

water-brash; no heart-burn; feeling as if the head were bound; slight vertigo; sleep heavy; irritation in urethra; sense of fatigue in legs.

Ferrum acet. $\frac{3}{8}$, Ferrum acet. $\frac{3}{8}$, Coccul. $\frac{6}{4}$, Coccul. $\frac{6}{4}$.

Oct. 5th.—Acute pain in stomach, gone since taking Coccul.; great general irritation; stools of nearly proper consistence; giddiness and oppression of head; much irritation in urethra; excessive nervousness.

Laches. $\frac{6}{4}$; to be used like the last.

Oct. 16th.—Fulness at occipital region of head; a pile the size of an almond, not protruding; urine with sediment and mucus; great irritation of urethra.

Lycopod. $\frac{20}{4}$, Lycopod. $\frac{16}{4}$, Lycopod. $\frac{6}{4}$; two powders, each in four spoonfuls of water; a spoonful night and morning.

Oct. 26th.—Nervous irritation in urethra; sharp pain in loins before passing urine.

Aurum $\frac{20}{4}$, Aurum $\frac{16}{4}$, Aurum $\frac{6}{4}$; to be used like the last, and to use a sitzbath.

Nov. 11th.—Sleeping well; better every way; sharp pain in loins quite gone; the Aurum caused an aggravation of it at first after each dose.

Dec. 2nd.—Irritation in urethra is the only remaining symptom.

Uva ursi. $\frac{3}{8}$; three powders, to be used like the last.

Dec. 30th.—Is now quite well. The most interesting feature in this case was first its duration; he had suffered from it for eight years almost incessantly. He had been under some excellent homœopathic physicians, and the cure seemed to require a greater variety of remedies than is usual in such cases. Considering his long previous illness, I look upon it as a speedy recovery. The appearance of piles at the termination of the disease I have noticed in another somewhat similar case, and am disposed to regard it as a favourable symptom.

CASE IV—CATARRH OF THE BLADDER.

Oct. 15th, 1850.—R. H—, æt. 40. When this man presented himself at the dispensary he was thin and exhausted, and had not been able to work for a long time. He seemed far gone in some deadly complaint; but he was respectable in his appearance, and sober and intelligent in his address. He said he had been ill for nine years of some urinary affection—that when he tried to make his water the stream stopped, and the effort was attended with much

pain; that the urine was very pale in colour, and mixed with mucus. He says that the surgeon who attended him tried in vain to pass a catheter, and told him he had a tumour at the neck of the bladder; there is severe pain at hypogastric region, worse on pressure, and on retention of urine for any length of time; great weakness of loins and pains going down limbs; tongue coated with a yellowish white fur; little appetite; great thirst; bowels occasionally bound; pulse 104, feeble; urine full of pus globules when examined under the microscope.

Sulph. $\frac{30}{4}$; three powders, each in four spoonfuls of water, a spoonful night and morning.

22nd.—Much less of the mucopurulent deposit in the urine, at the same time the strangury is greater.

Canthar. $\frac{6}{4}$; to be used like the last.

25th.—Better.

Sulph. $\frac{30}{4}$; to be used like the last.

25th.—Better; makes water more easily; swelling at epigastrium.

Pulsat. $\frac{6}{4}$; to be used like the last.

Nov. 6th.—Bowels more costive; pulse 76; appetite better.

Nux-v. $\frac{12}{4}$; to be used like the last.

November 12th—The improvement is very great since he began treatment.

Uva ursi. $\frac{2}{6}$; to be used like the last.

Dec. 10th.—Pulse 72. He looks fat and well; has a good appetite, and says he has not been so well for nine years. With the exception of trifling local symptoms he has recovered his health, and will be able to work again. This is one of the most remarkable cases that ever came under my observation. When the man first came to the dispensary, we made the remark—"What a pity we have no hospital for this poor fellow;" for it seemed out of the question from his exhausted and apparently dying state that he could come to us often enough, and in two months he was almost well. Like most dispensary cases we lost sight of him too soon, and had not an opportunity of examining the urine after his other symptoms had so improved. We look upon it as a case of chronic catarrh of the bladder, assuming an almost malignant character from the general weakness of the constitution, which vitiated the urinary secretion and made it more acrid, and so the two chief seats of disease, the bladder and kidneys, constantly reacted on one another. The Sulphur seemed to act directly on the bladder and improved its tone, thereby increasing

its immediate sensitiveness, however. The restoration I consider due chiefly to the Sulphur and the Nux-vom., although the Cantharides and other remedies may have assisted. I had another case in private practice not unlike this, only not so far advanced; and it was immediately cured by a high dilution of Sulphur, and a low one of Nux vomica.

Cases by DR. BLACK.

Pleurisy, followed by Suppuration of Mamma and Phlegmasia alba dolens. Remedies: Acon., Bry., Bell., Puls.

Mrs. W., aged 30, bilious temperament, suffering habitually from costiveness, and frequently strangury, was easily delivered on the 29th Nov. 1849, of her third child, but since then has suffered from much anxiety and fatigue, watching her baby dying of erysipelas. She was seized on the 24th Dec. with shivering, followed by fever.

Acon. 3, gtt. 1, omni hora.

Dec. 25th.—Pulse 120, hard; cannot draw a long breath, respiration hurried and suppressed; decubitus dorsal; distinct friction sounds heard over the lower half of posterior region of left lung.

Bry. 3, gtt. 1, 2da. q. q. h.

Hot bran poultice to the affected side. *Vesp.* breathing easier; pulse 100.

Cont. Bry.

Dec. 26th.—Friction sounds very faint; no dulness on percussion; can draw a full breath.

Cont. Bry. 4ta. q. q. h.

27th,—Respiratory murmur faint over affected part, but no friction sounds; she lies now on either side; pulse normal.

Dec. 28th.—The left mamma is swollen, red, and painful; apply a poultice sprinkled with Hep. s. 3. Gave Hep. s. 3, internally. An attack of neuralgia of the face, relieved during the night by Puls.

Dec. 31st.—Opened the mammary abscess, and dressed it with poultice as on 28th. The abscess was healed on Jan. 10th.

Jan. 2nd, 1850.—She complains of tenderness in the inguinal ring and groin, extending down the middle of the thigh; acute attack of prosopalgia; bowels moved twice; the coloured uterine discharge which has appeared for a day or two, at intervals of three or four days, has now ceased; slight leucorrhœa.

Puls. 6, gtt. vi, Aq. 3 vi, S. 3 ss. 2da. q. q. h.

Bran poultice to groin.

Jan. 4th.—Prosopalgia gone ; pain in groin is easier, increased by pressure ; numbness extending down the thigh, when the bowels are moved, or urine, which is clear and abundant, is passed ; the pain in the iliac region is increased, it is described as dull, and extends down to the hip, deep in the pubic region, and to the inside of thigh ; relieved by flexing the thigh ; pulse 100 ; dull headache.

Bry. 3, gtt. vi, Aq. 3 viij, a table spoonful every hour, for four times, and then every three hours.

Jan. 5th.—Slept a little ; tongue clean ; nausea ; pulse 100 ; dull stitch-like pain in the region of the heart, catching the breath ; still pain as before in the inguinal region and thigh, tenderness on pressure ; urine natural ; slight red discharge from vagina.

Bry. 1, gtt. vi, Aq. 3 x, S. 3ss, 2da. q. q. h.

Jan. 6th.—Has slept a little ; perspired freely during the night ; pulse 115, soft and full ; no pain or tenderness in iliac region ; dull pain and tenderness down the inside of thigh to the calf, which is swelled, but pale and shining ; bowels moved by an enema of water ; discharge of healthy pus from the mamma ; lacteal discharge, which has been gradually ceasing, is now suppressed ; the limb to be wrapped in flannel. Bell. 3, gtt. j, 3ta. q. q. h.

Jan. 5th.—Slept four hours ; feels stronger ; pulse 94, of good strength ; tongue less furred ; bowels moved by enema ; she lies with her left leg flexed, which is much swelled and pale, glistening looking, especially at the calf and the inside of the thigh, to the vulva ; the pain is that of weight and tension, and towards the inside of thigh pricking ; on movement or pressure the pain is acute ; no tenderness in uterine or ovarian regions ; perspiration diminished.

Cont. Bell. ; nourishing diet.

Jan. 6th.—Improvement progresses ; cont. Bell.

Jan. 7th.—Sleeps better ; pulse 92 ; increase of appetite , perspiration diminished ; pain and swelling of the limb much less, now able to move it ; bowels moved by enema ; motions lumpy.

Jan. 8th.—Severe neuralgia of the face.

Puls. 6, gtt. iv, Aq. 3 viij, S. ss. 3ta. q. q. h.

Jan. 9th.—The violent cramp-like pain of face is only partially relieved : it is excited by eating, or taking anything hot or cold into the mouth ; it shoots from one of the molars which is not decayed.

Merc. sol. 6, 12, Aq. 3 iii, S. ss. 3ta. q. q. h.

Jan. 10th.—No improvement in the neuralgia.

Plat. like the Merc.

Jan. 12th.—The pain is much better; the pain and swelling of limb quite gone; she is able to be out of bed. In the course of another fortnight the sense of weight and slight stiffness of the limb had quite disappeared, under the use of friction, and hot salt water baths.

The costiveness of which this lady had for many years suffered from, was cured by *lachesis*: and occasional attacks of neuralgia, which recurred now and then until her strength was fully restored, yielded to *platina*.

Remarks.—I do not know of any remedy which produces the peculiar pearly white swelling seen in phlegmasia dolens, and dependent principally on the phlebitis; but as the pain commenced in the region of the uterus, and on the third and fourth day was characteristic of *Bry.*, I gave it until the fifth, when, as the improvement was not progressive, I gave *Bell.*, the indication being principally suggested by the pathology of the malady.

Dr. Wielobycki informs me that he finds *Bryonia* most useful when the patient is plethoric, and *Arsenic* when the subject is anemic. From analogy *Puls.* and *Ars.* may be considered useful; they are so in varicose veins, and partial attacks of phlebitis attendant on that state; they also have a powerful action in producing that morbid condition of the uterus which appears to be the origin of phlegmasia alba dolens. I have frequently found *Hep. sulph.* applied locally to a suppurating surface, or one about to suppurate, of great use.

Scrophulous Stomatitis, producing great Marasmus.

Remedies: Merc. and Hep. S.

T. M., a boy, aged 3 years, of bilious temperament; large head, covered with scanty black hair, and scurfy scalp, was seized in Dec., 1848, with fever; violent pains in the legs; inflammation of the lining membrane of the mouth; the gums swelled, became spongy, and bled readily, the cavity of the mouth ulcerated. He continued in this state up to August, notwithstanding numerous ordinary remedies had been tried; in August he was taken to the sea-side, where he remained two months, and this change, together with an

alum wash, was in a small measure beneficial. I saw him for the first time Oct. 4th, 1849; he was of a dirty sallow colour; the skin dry; the body much emaciated; unable to stand; never out of the nurse's arms. The gums, the tongue, and inside of mouth are dry, livid looking, and ulcerated, the teeth decayed, bluish, and covered with sordes; the ulceration extends to the lips; Unable to eat, swallows a little liquid; abdomen tumid; bowels moved frequently, especially at night; frequent dry short cough; head very large; pulse 120, weak; diet, weak soups thickened with arrow-root.

Merc. sol. 6, 12, (4) m. et n. tal. iii.

Oct. 15th.—Mouth less dry; gums look better; bowels less relaxed.

Cont. Merc.

Oct. 17th.—Marked improvement; he is able to eat solids; mouth looks more healthy; bowels regular; he gains flesh; is stronger,

Cont. Merc., and occasionally a little chicken with rice.

Oct. 29th.—Continued improvement.

Merc. corr. 6. 12. (4) m. et n. 3, tal. iii.

Nov. 14th.—The mouth is quite well; bowels regular.

Cont. Merc. corr.

Nov. 30th.—Able to walk a little; mouth quite well.

Hep. s. 6. 12. (4) m. et n. 4, tal. iii.

This was repeated Dec. 14th. A few days after this he was attacked by measles, from which he made a good recovery. During January he had occasionally a dose of *merc.* and in February, *hep. s.* By the end of spring he became as strong as children of his age, and has continued well since then.

Chronic Inflammation of the Cæcum. Remedy: Arsenicum.

A young gentleman, aged 18, of a bilious-lymphatic temperament, was attacked four years ago with inflammation of the cæcum; he was then repeatedly leeches and blistered. The attack lasted three months. From that time he has enjoyed good health until Sept. 6th, 1850, when he was again similarly affected; having first had diarrhoea for three weeks, which ceased rather suddenly, and then the pain in the cæcal region came on. He was then placed for nearly a month under homœopathic treatment; the remedies partially relieved the violent spasms, but not the tenderness; and the physician then recommended the patient to be placed under ordinary treatment, as it was his opinion that relief could not be afforded until leeches and blisters were again applied. To the regret of the patient and his

family this advice was followed ; an allopathic practitioner was sent for ; leeches, blisters, and gentle aperients were employed for nearly a month, but without the least benefit. The attention of the father of the patient was then directed to a notice of this disease, written by me, (*Brit. J. of Homœop.* vol. v, p. 41,) and at his request I undertook the case. I prescribed Belladonna for the spasms, on the 11th Nov. 1850, before seeing the patient. The spasms were described as most intense acute burning pain, darting from the region of the cœcum through the bowels ; he throws himself about in great agony, and becomes unconscious, they last several hours. These attacks recur about once in ten days ; on the 10th he had one, and again on the 11th.

Nov. 12th.—I visited the patient, found that the Bell. had greatly relieved the spasms. The patient lies on his back, there is great tenderness over the cœcal region, with a dull burning sensation ; no swelling ; bowels only moved by enemata of tepid water ; tongue furred ; pulse natural ; severe dull frontal headache ; face covered with acne punctata.

Ars. 3, gtt. j, 6ta. q. q. h ; a light farinaceous diet.

Nov. 15th.—Pain and tenderness reported to be less ; able to come down stairs ; bowels still require artificial relief.

Cont. Ars. 8va. q. q. for 8 days ; meat three times a week.

Nov. 25th.—He reports a sensible improvement ; the pain is much less ; on the 24th he was for an hour free from all pain ; less tenderness ; no spasms ; bowels moved naturally without aid.

Cont. Ars.

Dec. 9th.—The patient has called on me ; there is now no tenderness ; and he has had no pain since the 5th ; he is able to go about, and feels quite well ; bowels regular.

An occasional dose of Sulphur 3, ordered.

CORRESPONDENCE.

A Letter on Posology.

To the Editors of the British Journal of Homœopathy.

Gentlemen,—Permit me, through the medium of your Journal, to call the attention of your readers to a discussion which has been lately raised

by the *Homœopathic Times*, Nos. 81 to 84, inclusive. This periodical runs a tilt against an unhappy vender of Hahnemann's Antibilious Globules, whom the Editor, with an indignation worthy of Sir Peter Laurie, determines to put down; that is, advertise the said globules free of all cost, and immortalize, as far as his pages can, the said bilious exterminator. So fierce is the onset that the Editor rides down not only the Hahnemann globule maker, but unable to restrain his course he rushes pell-mell among his own friends, administering most indiscriminate blows. Fortunately for himself he is brought to by the wholesome admonitions of Dr. Dudgeon, but still swears eternal love to globules, sheltering himself under the shade of Hahnemann.

I decline to enter the lists in the pages of the *Homœopathic Times*, because such a course would only add to that evil which I wish to avert. It appears to me that a Journal whose main object, and a most laudable one, is to indoctrinate the public with right views of the healing art, most seriously prejudices this mission when, while it introduces the public in one number to the efficacy and *harmony* of our healing art, it in another number displays an apple of discord, and perseveringly dwells upon this and other points whose discussion can only raise doubts in the minds of the laity, or lead them to suppose they are judges on matters wholly independent of them. I heartily wish the Editor success in his propagandist labours, but I cannot but think they would be facilitated were he to remember the pertinent proverb: "Where no wood is the fire goeth out, so where there is no tale bearer the strife ceaseth."

I do not write in defence of globules, pilules, or any other form of the dose, but against the one-sided view of posology advocated by the *Homœopathic Times*. Its views are nearly expressed in the following extract, and the tendency of its opinion is in favour of the higher dilutions in the smallest possible dose.

"As will be seen by reference to our Hahnemannian Essayist and Mr. Everest's communication, both in our present number, as well as by Dr. Croserio, quoted in our last number, from Dr. Dudgeon's translation of the *Organon*, Hahnemann had for his object, besides uniformity, the diminution of *medicinal material*; therefore the departure of the 'high dilutionists' would appear to have been so far in the right direction, and according to the spirit of Hahnemann, as regards diminishing the quantity of *medicinal material*; not so with the departure to tinctures and triturations, as we can prove by arguments and experience of other homœopaths, in addition to those of Hahnemann."—(*Hom. Times*, No. 83, p. 429.)

My object is to prove that the whole range of dose, from the crude medicine or mother tincture up to the highest dilution, is open to and may be advantageously adopted by the homœopathic practitioner, and that in doing so he strictly follows the teaching of Hahnemann.

The Hahnemannian Essayist, in whom I suspect a classic-loving friend, quotes Hahnemann as saying, "Who ever thought that the medicinal

virtues of drugs could be developed in an infinite series of degrees, by means of triturating and shaking the raw material.”—(*Hom. Times*, No. 83, p. 420.)

To this I answer, that a perusal of Hahnemann’s writings show that his object in diluting was two-fold.

First. In the introduction to Arsenic (R. A. M. L.) he clearly states, that his object in diluting is not to increase but to diminish medicinal action. “If a 10th of a grain of Arsenic be in many cases a dangerous dose, must not the 100th of a grain be still milder.”

Second. From his remarks on gold, charcoal, and elsewhere in his writings, it is evident that his object in triturating and diluting was to develop power in the medicines. On such observations he founded the theory of Dynamisation, and, following this theory more than facts, many of his followers have fallen into error regarding the dose. I shall give an extract from Hahnemann, as testing this dynamisation theory; the experiments every one can readily repeat; I and others have done so, and our conclusions are opposed to Hahnemann.

“The infinite power gained by this process is so great that by this means a drop of Drosera 30, which at each dilution has received twenty shakes, endangers the life of a child suffering from hooping-cough, while if each dilution is shaken only twice, a globule of the size of a poppy-seed imbibed with it, is sufficient to produce a speedy and easy cure.”

If this were true of Dros. and various remedies, what dangerous effects must arise from the employment of those tinctures which are carried about with us in our daily peregrinations. I have tried Dros. in all dilutions, shaken and not shaken, but I have never yet endangered the life of any child suffering from hooping-cough; neither, I admit, have I been so fortunate as “to cure with certainty in seven to nine days hooping-cough with one dose of Dros. 30.” Hahnemann speaks of this result as *a certainty*.

Is it not inconsistent in those who maintain that the more you dilute, the more you rub, the more you shake, the more powerful you make the medicine, to blame those who use the lower dilutions, that is, medicine less rubbed, shaken and diluted, for employing doses *too powerful*, whereas, if their theory is correct, the contrary should be the case.

The true teaching of Hahnemann is expressed in one sentence in a letter by Mr. Everest. “For the last six or seven years of the life of Hahnemann, his constant effort, as Dr. Croserio truly says, was to diminish his dose to the least possible quantity *capable of producing the desired effect*.”—(*Hom. Times*, No. 83, p. 427.) This is the true ground from which to start, and the admission of this renders it quite legitimate to suppose that the dose may vary from drops and grains to any dilution desired.

Hahnemann has published two, and only two cases, as specimens of homœopathic practice; it is therefore to be supposed, that they have been selected with care. The one he cures *tuto, cito, et jucunde*, with one drop

of the mother tincture of Bryony, and the other equally well with one drop of Puls. 12.

Is there a fault to be found with these cases, and if not, how is it bad practice to imitate Hahnemann, and to prescribe tinctures? One of the greatest points in Hahnemann's character was the keen, I may almost say intuitive, insight into the action of remedies, never more clearly shewn than in the decided manner in which he predicated the value of Camphor in Cholera. How did he advise its administration?—"A drop at least every five minutes of camphorated spirits." Throughout the *Mat. Med.* we find him recommending various doses, the mother tincture of Thuja and Arnica, the 3, 12, and 30, &c. of other remedies; and he does so in strict accordance with the passage quoted from Mr. Everest's letter. Then why not follow Hahnemann?

Does not Hahnemann with great truth dwell on the importance of individualizing every case, treating it as a separate disease? Are we to individualize in choosing the remedy, and shut our eyes to the fact, that this very process implies various susceptibilities to the medicine, and that therefore the least possible quantity required to produce the desired effect must vary in every individual patient?

Does not Hahnemann teach the importance of great care in the preparation of the remedy, so that no foreign substance be mixed with it, no injury sustained? As different substances vary in their chemical and physical nature, is it not a just corollary to the above that as these vary, so must the forms in which the medicine is given? I here produce a witness, Dr. Hering, one of those able men whom the Hahnemannian Essayist facetiously styles "*ultimi Hahnemannorum*," and on whose testimony the *Homœopathic Times* confidently depends.

"For those few cases where the pure Bromine is preferable to the higher attenuations, a phial with the tincture should be kept with a fine glass tube attached to the glass stopper; whenever the medicine is to be used, the glass tube should be speedily inserted into the open phial for the purpose of taking up a drop of the Bromine, which may then be dropped into a tumbler filled with water; if this solution should appear too strong, part of it may be thrown away and fresh water substituted in the place, until the proper degree of attenuation has been attained. One part of Brom. to 1000 parts of water is sufficiently powerful."

He makes a similar remark regarding Iodine, Nitric Acid, Muriatic Acid, &c. To quote another witness, Dr. Malan, who urges on the editor "to use his acute pen, to spare neither pilules, nor such like, for the sake of the good cause."—(*Hom. Times*, No. 88, p.). Why from this I would suppose the writer to be a pure globulist, nothing but globules; and to my surprise I read in some very useful directions by him for the treatment of cholera, that among other things the patient is to procure "*cupr. ac. 6 in tincture, and two drachms of camphorated spirits!!*" Is this consistent? Besides, it is not Hahnemannic, for Hahnemann in the directions for the

treatment of cholera he published in 1831, recommends *cuprum met. 30*, in globules, as well for the treatment of cholera as for the prevention of that disease.

There is an expression, argument it cannot be called, employed by those who deprecate the lower dilutions: "large doses," they say, "are a kind of allopathy," and this concludes the discussion. As already shewn, according to the teaching of Hahnemann, large must ever be a comparative term, and not drawn from any fixed standard of size. There can be only one kind of allopathy, and that Hahnemann describes in his *Spirit of the Homœopathic doctrine* "as consisting in the employment of substances which act in a *contrary* manner to the existing morbid state."

How consistent in those homœopathists who search the records of ordinary practice for examples of homœopathic cures, as proofs of the truth of our general therapeutic law; who, when pressed, maintain that the dose and the homœopathic principle are very different things to censure, when occasion serves, any friend to low dilutions or mother tinctures by calling him a kind of allopathist.

Let it not be said that because liberty of choice in the dose and adoption of certain theories are contended for, that therefore disrespect is shewn to the memory and observations of Hahnemann. Does it derogate from the glory of Galileo that modern researches have shed increased lustre on his discoveries? Is the fame of Newton, and the law of gravitation disparaged because the scientific world have never adopted his hypothetical explanation of that law? Do the late most interesting experiments of Faraday on atmospheric magnetism, which promise to throw new light on gravitation, injure the memory of Newton?

Hahnemann's claims to our gratitude and love spring from his discovery of a valued general law of cure; his extraordinary industry in collecting facts on the physiological action of remedies, and his recommending their administration in such minute doses as were never previously thought of; such discoveries form the pedestal of Hahnemann's immortality. But between the law and the remedy comes the application, which involves the art, and the art improves as our knowledge increases. He has given the full ear in the blade; but is it ingratitude to confess that we eat it more or less with the husk? does it derogate from his honour that we strive not only to preserve but to improve the treasure he has left us? The motto on our Founder's banner was—*nullius addictus jurare in verba magistri*; is this to be denied his followers?

He invites us by our reason and powers of observation to test his statements; when these lead us within the threshold of the temple, are we to forget them, and bow the knee as servile imitators, and blind hero-worshippers; Hahnemann at one time taught that the dose should never be repeated; but on reading the suggestion of Aegidi, he recommended the repetition of the dose. He afterwards limited the extreme dilution to 30 as the best, but as far as oral tradition goes, it would seem in his later

years that he went beyond this. He wrote an essay on coffee, to which he attributed almost all the ills that flesh is heir to; twenty-three years after this he wrote his "Chronic Diseases," and these ills are most ingeniously and with great research attributed to psora, syphilis, and sycosis. He taught that chronic diseases ought to be treated solely by the homœopathic remedies appropriate to the miasm which caused them, and that they were to be administered internally. Yet in his late years he sanctioned the extirpation of scirrhus tumours. The first case of homœopathic treatment brought under my notice in the winter of 1840, was one conducted by Hahnemann, of the speedy healing of the wound after excision of the breast; and my friend, Mr. Trotman, informs me that Hahnemann occasionally sanctioned the operation. Hahnemann was a man, a great man, not a prophet; his teachings are observations, not revelations—and if our course is to be an onward one, we must separate the laws he discovered from the theories and application of these laws; the former cannot be gainsaid, but the latter may, perhaps, be improved. The subject of Posology is a most complex one, and it never can be improved as long as bigoted prejudice steps in to check all investigation. If we are sincerely desirous for the scientific progress of homœopathy, our motto must be that which so adorns the title page of your Journal—*in certis unitas, in dubiis libertas, in omnibus charitas.*

FRANCIS BLACK.

HOMŒOPATHIC INTELLIGENCE.

Hahnemann's Statue.

At the request of the Homœopathic Congress, held at Cheltenham last September, the Committee for carrying into execution the erection of Hahnemann's Statue, agreed to reopen the question of the proper site for the monument of our Great Master, for which Coethen had previously been fixed. The pages of the *Allg. Hom. Zeitung* soon began to teem with letters from all parts of Germany and Europe, which all coincided with the petition of the English Congress in deprecating Coethen as the site for Hahnemann's Statue. Meissen, the birth-place of the Great Medical Reformer, which we had suggested to the committee as a more appropriate place for his monument was equally objected to, and the majority of those who took an interest in the matter pointed to Leipzig as the best place; and, after mature consideration of the subject, we are bound to confess that Leipzig is the proper spot for Hahnemann's Statue; for besides being the great commercial town of Central Germany, with its two world-renowned fairs every year, and besides being the great Literary mart of

Germany, it is intimately associated with Hahnemann and his medical reformation. Here the Luther of medicine long resided and practised, and hence issued his earliest homœopathic works ; here he was exposed to the persecutions of the chemists and of an illiberal faculty, whose craft was endangered by his bold denunciations and his wonderful discoveries ; and hence he was expelled at last by the successful intrigues of his colleagues. Leipzig has always retained the character of a focus of homœopathy ; it was here the first society of homœopathic physicians was constituted, here the first homœopathic hospital was opened, here the first homœopathic journal was published, here the first homœopathic laboratory was established by those very chemists whose machinations had contributed to expel Hahnemann from his fatherland. For these and other reasons we are very well content that the decision of the committee should have been for Leipzig.

The Statue, which is now completed, is of colossal proportions and has been executed in marble, by Steinhäusser, of Rome. It represents Hahnemann seated in the act of writing, and clad in a simple robe, not unlike his ordinary dressing-gown somewhat idealized. The site obtained for it is opposite to the National Theatre of Leipzig, where it will appear to great advantage, as the space is open and is a favourite promenade of the worthy Leipzig citizens.

We sent a request to the committee to allow the Statue to be exhibited at the Grand Exhibition, but to this they would not consent, as they lay under an obligation to uncover it on the 10th of August next, the anniversary of Hahnemann's reception of the degree of M.D.

The change of site from Coethen to Leipzig involves considerable additional expense, as certain sums subscribed by the town and Duke of Coethen, on condition that the Statue should be erected there, will have to be refunded. It is to be hoped that the English practitioners, at whose request the change of locality was made, will not allow the committee to be out of pocket by thus consenting to their wishes, and more especially that those who have not hitherto subscribed towards the monument to our Illustrious Master will gladly avail themselves of the opportunity now offered them of doing so.

Our German friends anticipate the attendance of many of their English colleagues at the ceremony of uncovering the Statue on the 10th of August, and we trust that all parts of the British dominions will be represented on that occasion. Leipzig is now easily reached by the continuous line of rail, and to our taste railway travelling in Germany is much more pleasant and much less fatiguing than it is in England. An opportunity will be offered of meeting on this occasion many of the most celebrated homœopaths of Europe, and much good might be effected and much information gained by the intercourse with some of Hahnemann's most talented disciples.

Engraving of Hahnemann.

We have before us a beautifully executed mezzotint engraving of the head of the Founder of Homœopathy from the celebrated bust by David. The artist, Mr. Geller, has executed his task with great taste and fidelity, and has succeeded in producing not only an excellent likeness of Hahnemann, but by the artistic skill displayed in his management of the lights and shades has given us a work of art which we have no doubt all the disciples of Hahnemann in this country will be eager to possess. The price at which it is sold is remarkably reasonable, although the print is of large size. Mr. Geller is well known as the engraver of the portraits of many medical celebrities, among whom we may mention J. Hunter, Liston, and Fletcher. The small portrait of Hahnemann in the last edition of the *Organon* is also from his graver.

Climate of Natal.

We have been favoured by a friend with a copy of the following observations upon the climate of Port Natal, which we gladly avail ourselves of, as it is a place invalids are not unfrequently sent to, and it is of great consequence to have all the accurate data we can collect in reference to the variations of temperature of the places recommended for patients.—We are not aware of any observations upon the climate of Natal having hitherto been published.

“ It is in many respects a beautiful country this, though not the paradise it was represented. You can conceive nothing more delightful than the winter weather; the thermometrical range is, it is true, considerable, sometimes 20° or 80° in the 24 hours, but at the hottest (say 75° or 80°, though I have seen it 88°, and once or twice even 91°) tempered by a breeze which springs up about 9 or 10 A.M., and continues all day. I do not think I have seen three calm days since I landed. The twilights are longer than I expected, and the nights generally clear, though with very heavy dews. The vegetation is not nearly of such a strange or tropical character as I had expected; no palms, except a dwarf date palm, the highest stem of which that I have seen is only five or six feet. Euphorbias there are in some places in plenty, but generally the vegetation is not strikingly different from that at home. One thing surprises me greatly, the total absence of heaths, so plentiful in some parts of the Cape. The country generally is very hilly, consisting, so far as I have seen, of several table lands rising one above another, and scooped out into innumerable valleys, which are frequently densely wooded, though for miles and miles in some parts you do not see a bush the height of your knee. Many

scenes reminded myself (as well as fellow-travellers) of the bare Lammermuir, or those wild hollows behind the Ochils near the Sheriffmuir. There was seldom even a low aloe seen to mark the difference; nothing but grass, grass everywhere. Yet the first night I set foot on shore I shall not easily forget. The sun was setting as I mounted on a bullock wagon to traverse the bush which lies between the landing place and the town. At first our path lay along the borders of this beautiful bay, and even through its shallows, but we soon got into the bush. The strangeness of everything, the chirping and piping of crickets and frogs in the deepening twilight, even the wild unearthly cries of the driver to the oxen, amidst the perfect stillness, a living stillness, of the trees and parasitic plants, with their intricate tortuous stems hanging from every bough, the noiseless motion of the wagon along the deep sandy road, over which the trees arched, allowing here and there a peep of the stars beginning to 'slip out, and in, and out again'—everything tended to fill me with a deep, calm, reverential joy, a feeling of devotion I have rarely felt in a church. It was as if all nature were prompting me to sing 'To Thee, my God, let me return.' The darkness deepened, fire-flies flashed across the road, a woman's voice from an unseen hut by the way-side greeted us with a 'welcome on shore,' we reached the shed erected for the emigrants, and were soon busied seeking for candles to let us see to stow away our boxes, &c. on its bare damp open floor.

"For weeks together at this season we have scarcely a shower, yet the dews keep the vegetation in constant verdure; and there are many beautiful flowers, the names of which unfortunately I am ignorant of. Here the timber is generally small, but beyond the capital, 60 or 70 miles hence, it is said there are forests of trees 70 to 80 feet high, without a branch, and of great diameter.

"The Kafirs are a noble set of fellows; tall, handsome, intelligent, and almost universally scrupulously honest. It is true they do not know nor respect the 'rights of woman,' she being the drudge of him who makes her his wife in exchange for ten cows, but I much question if the European in conveying his own confusion on that subject along with much else into the Kafir's brain, will not do him more harm than good. The Hottentots, at least, who have been much longer in contact with the whites, are almost to a man, and alas, to a woman too, dishonest, stubborn, drunken, brutal, and a few of the Kafirs are beginning to like 'grog.'

"I should add to what I have said of the climate, that dysentery is prevalent, and generally, though probably incorrectly, attributed to the water. 'Natal sores' too, a trouble varying from small itching pimples to large painful ulcers, attack nearly every one, particularly about the joints of the extremities. Probably daily bathing would prevent, or at least make much milder this distemper."

Date.	Ther. mo.	Hour.	Wind.	Remarks.	Date.	Ther. mo.	Hour.	Wind.	Remarks.	Date.	Ther. mo.	Hour.	Wind.	Remarks.
1850.					1850.					1850.				
Apr. 29	91°				May 14	64°	8 A.	calm		June 5	61°	8 A.	N.W.	
30	83°	1 1/2 P.	S. by E.	At D'Urban.	74°	noon	noon	N.E.		61°	5 1/2 P.	5 1/2 P.	S.W.	a gale; lightning & E.
				5 P.M. wind N. thunder, lightning; rain in evening	74°	2 P.	2 P.	S.		65°	7 A.	7 A.	calm	
May 1	76°	11 A.	S. by W.	lightning vivid, rain in afternoon; heavy dew	1677°	noon	noon	S. by W.		71°	noon	noon	S.W.	
				to N.E. variable	1675°	6 1/2 A.	6 1/2 A.	calm		70°	5 P.	5 P.		
28	81°	midn.	S.S.E.		1757°	noon	noon	S.W.		65°	8 P.	8 P.	N.W.	blowing fresh
37	76°	noon			80°	8 1/2 P.	8 1/2 P.	calm		63°	10 P.	10 P.	calm	
47	47°				68°	8 1/2 A.	8 1/2 A.	calm		758°	7 1/2 A.	7 1/2 A.	S.W.	light wind
					78°	noon	noon			72°	noon	noon	calm	
55°	9 P.M.				19					859°	7 1/2 A.	7 1/2 A.	calm	
56°	6 A.M.				31	11 P.M.	11 P.M.			80°	noon	noon		
76°	noon		N.W.	Cowie's hill, 12 miles from D'Urban	2387°			W.		63°	11 P.	11 P.	calm	
67°	10 P.M.		N.W.	D'Urban	2576°	12 1/2 noon	12 1/2 noon	N.E.		963°	8 A.	8 A.	S.E.	
69°	6 A.M.			heavy dew	26					81°	12 1/2	12 1/2		
81°	noon		N.W.							70°	5 1/2 P.	5 1/2 P.	N.E.	light wind
775°	6 1/2 A.				28					1061°	8 A.	8 A.	S. by E.	stiff breeze
										76°	noon	noon		very light wind
850°	6 1/2 A.		S.W.	at Verulam, 26 miles from D'Urban; rain, thunder, and lightning	31					1161°	8 1/2 A.	8 1/2 A.		new moon
74°	noon		S. by E.	very cold during ngt.						74°	11 A.	11 A.	calm	
68°	2 1/2 P.									68°	7 P.	7 P.	N.E.	
50°	9 P.M.									1261°	7 1/2 A.	7 1/2 A.	calm	
944°	6 A.M.									81°	11 1/2 A.	11 1/2 A.	N.E.	
1057°	9 1/2 P.									86°	1 1/2 P.	1 1/2 P.		
1179°	noon				June 17	174°	noon	N.E.		1860°	8 A.	8 A.	S.W.	rain from 8 to 10 A.M.
					283°			calm		83°	noon	noon	calm	rain
81°	8 1/2 P.				86°	1 P.	1 P.	S.E.		1465°	7 A.	7 A.	N. by E.	rain from 8 to 10 A.M.
604°	8 1/2 P.				359°	7 A.	7 A.	calm		8-10	8-10	8-10	S.W.	rain
1279°	noon		calm		76°	11 A.	11 A.	S.E.		67°	noon	noon	calm	rain
1364°	10 P.		S.W.	heavy rain	454°	7 A.	7 A.	S.E.		1559°	8 A.	8 A.	S.W.	rain
62°			calm	fair	78°	noon	noon	S.E.		73°	noon	noon	S.W.	rain
					64°	10 1/2 P.	10 1/2 P.			67°	12 1/2	12 1/2	W. by W.	to S.W. stiff with rain

Date.	Ther. mo.	Hour.	Wind.	Remarks.	Date.	Ther. mo.	Hour.	Wind.	Remarks.
1850. Jun. 16	69°	1 P.	S.W.	gust past off: light breeze	1850. Jun. 24	73°	7½ A.	calm	light wind
	74°	2 P.		grusty, no more rain all day		71°	10½ A.	N.E.	a breeze
	160°	8½ A.	calm			80°	1½ P.		
	74°	10½ A.				58°	11½ P.		
	75°	1 P.	S.E.	stiff breeze		2564°	8½ A.	N.E.	
	64°	7½ P.				80°	1½ P.	W.	
	61°	10½ P.				67°	11 P.	calm	
	1758°	7½ A.	S.W.	light wind		2662°	7½ A.		
	68°	9½ A.	W. by N.			78°	2 P.		
	78°	1 P.M.	S. by E.						
	1857°	8 A.	calm						
	78°	noon							
	80°	1 P.	S.	light wind		2760°	8 A.	calm	
	56°	11 P.				76°	noon	N.E.	
	1362°	8½ A.	calm			71°	4½ P.	calm	
	77°	1½ P.	N.E.			2864°	8 A.	S.W.	
	58°	5 P.	calm			72°	12½ P.		
	54°	10½ P.				2956°	7½ A.		
	2063°	8 A.				75°	1 P.	S.E.	
	77°	noon	N.E.	very light wind		58°	10½ P.	calm	
	2160°	1 A.M.				8053°	6½ A.		
	58°	7 A.	S.E.						
	80°	noon	E.S.E.						
	62°	9½ P.	calm			73°	noon	N.E.	
	2260°	8 A.				173°	12½ P.	S.W.	
	79°	noon	S.E.			260°	7½ A.	calm	
	78°	2 P.	S.E.			79°	noon	S.W.	
	64°	11 P.				73°	4½ P.	S.S.W.	
	2359°	8½ A.	calm			560°	8½ A.	S.W.	
	71°	11 A.							
	74°	1½ P.	N.E.	good breeze		70½	noon		

Date.	Ther. mo.	Hour.	Wind.	Remarks.	Date.	Ther. mo.	Hour.	Wind.	Remarks.	Date.	Ther. mo.	Hour.	Wind.	Remarks.
1850. July 9	70°	10½	N.E.	good breeze stiff	1850. July 18	59°	7.30 A.	calm	very heavy dew	1850. July 25	75°	4.45	S.W.	light stiff breeze a calm at 4 P.M.
	75°	noon				77°	2.20 P.	N.E.			63°	10.45		
	77°	1½ P.				78°	3	calm	very heavy dew		65°	7.40		
	61°	10.20 P.			19	52°	7.50 A.	calm			74°	3 P.M.		
10	64°	8 A.	S.W.	light breeze good breeze	20	78°	2 P.M.	N.E.			63°	8 A.M.	N.E.	light a breeze
	73°	11 A.				62°	12.30 A.				76°	1.15		
	71°	noon				50°	7.30 A.				76°	4.15		
	63°	10 P.M.				78°	2.15 P.	S.W.	moderate		66°	8 P.M.	N.W.	light
11	60°	8 A.	calm			61°	10.30 P.	calm		28	58°	8.40 A.	S.W.	almost calm
	79°	2 P.	S.E.	light	21	58°	8.30 A.	calm	light		75°	11.45		
	61°	11 P.				76°	noon	S.E.			76°	1 P.M.	N.E.	light breeze
12	57°	7.30 A.	N.E.	light stiff breeze		78°	1 P.M.	calm			77°	3 P.M.		
	75°	1.30 P.				61°	9.30	calm			54°	9.30 P.	calm	
	72°	5 P.			22	64°	8.20 A.			29	62°	7.30		
	62°	11 P.	calm	new moon very heavy dew		65½	10 A.	S.	cloudy		77°	10.50	S.W.	a breeze
13	55°	7.20 A.				65°	1.15		light rain		81°	noon		light not my own thermom.
	61°	9 A.M.				67°	4 P.M.		rain for some hours		87°	4 P.M.	S.E.	
	78°	noon	S.E.	light		64°	9 P.M.	calm			78°	5.15	calm	
	59°	10 P.		cloudy	23	61°	3.30 A.	N.E.	stiff breeze	30	65°	8.10 A.		
14	55°	8 A.M.	S.E.	light a breeze		66°	9 A.				72½	10 A.	W.S.W.	
	72°	noon	N.E.			72°	10.30 A.		a gale, two ships parted anchors about 4	31	80°	2 P.	E.N.E.	light breeze
	76°	2.40 P.		light wind; cloudy distant thunder		74°	2.30 P.				62°	8.30 A.	N.E.	
15	60°	8 A.M.	calm	a little rain during night		66°	9.30				72°	10.30	S.	
	81°	12.15 P.	S.E.		24	54°	8 A.M.	N.E.		Aug. 1	58°	7.35 A.	S.W.	stiff breeze
	61°	11.30 P.				70°	11.15 A.				73°	9.45		
16	72°	10.20 A.	S.S.W.	breeze		72°	11.45 A.	S.W.	sudden gale after calm		79°	1.40	SW by W	a gale boisterous
	78°	12.50 P.				69°	11 P.	calm			69°	10.50	S.W.	a breeze, cloudy
	66°	11.20 P.		light showers	25	60°	8 A.M.		a breeze	2	65°	8 A.M.		
17	60°	7.40 A.		dense fog at night		69°	9.30 A.	N.E.			73½	1 P.M.		clear and sunny
	84°	2.20				76°	3 P.M.				75°	1.40 P.		

Date.	Ther. mo.	Hour.	Wind.	Remarks.	Date.	Ther. mo.	Hour.	Wind.	Remarks.	Date.	Ther. mo.	Hour.	Wind.	Remarks.
1850.					1850.					1850.				
Aug. 2	77°	2 P.M.			Aug. 9	60½	6.30	calm	light	Aug. 16	59½	6.30	calm	rain, wind rising fair
	70°	5.40	calm			77°	noon	N.E.			57°	11 P.		
	64°	10 P.				79°	2 P.M.				59°	8.45	calm	
3	64½	8 A.M.	N.E.	a breeze		65°	midn.	calm			62°	11 A.	N.W.	very light
	77°	2 P.M.	N.W.	light	10	59°	6.30 A.				65°	1 10 P.	N.E.	light
	61°	11 P.M.	N.E.			64°	8.30 A.				60°	3.30 P.		moderate
4	60°	9 A.M.		a breeze		79°	noon	S.S.W.			59½	5.15 P.		a breeze
	73°	noon				81°	2.45 P.				59½	11 P.M.		moderate
	77°	3 P.M.			11	57°	6.45 A.	N.E.			63°	9 A.M.	calm	
	68°	9 P.M.	calm	cloudy		70°	9.45 A.				76°	noon	S.W.	light
5	68½	0.20 A.	S.W.	stiff breeze		76°	12.20 P.				78½	2 P.M.		moderate
	62°	7 A.M.	calm	9 A.M. S.W.		78°	4 P.M.				72°	5 15		
	79°	9 P.M.	S.E.	a breeze		69°	8.15	calm			65½	11 P.M.	calm	
	72°	5.30		light, cloudy		67°	10				74°	noon	N.E.	moderate
6	68°	0.30 A.	S.W.	a few drops of rain	12	68°	8 A.M.	S.	light		75°	1.20 P.	calm	
	66°	9 A.M.		a breeze, cloudy		77°	10.45 A.	S.E.	breeze		64°	10.30 P.		
	67°	11.30				77°	2.30 P.	S.W.	very light		62°	7.30 A.		
	68½	2 P.M.			13	62°	7.40 A.	calm			67°	9 A.M.		cloudy
	63°	11.20		occasional k. showers		78°	2.30 P.	N.E.	a breeze		73°	12.30 P.	N.E.	light
7	64°	8.30	calm	S.S.W. light		78°	4.30 P.				75°	1.45	calm	to 4.30 P.M.
	70°	noon	N.E.	light, cloudy		58°	midn.	S.W.	light—a calm		74°	4.50	S.W.	moderate
	69½	5.15 P.		lightning; rain		68°	8.40 A.	calm			70°	9.45	S.	rain
	67°	10.15 P.		a gale; clear	14	68°	1 P.M.	N.E.	light		68°	midn.	S. fresh	small wetting rain
	67°	11 P.M.		shooting-stars		77°	11 P.M.		cloudy		66°	8.15 A.	S.S.E.	breeze
8	64°	8.30	N.E.	light	15	61°	7.15 A.	S.W.	a breeze, cloudy		69½	1.30 P.		moderate; showery from 5 P.M.
	76°	noon		breeze		78°	1.30 P.		heavy rain		66°	4 P.M.		light, showery
	79½	2.15 P.		blowing fresh		69°	5 10		showery		63°	9.40 P.		rain early in the
	76°	5.15		almost calm		64°	11 P.M.		light wind, cloudy		63°	8.10 A.		morning still heavy
	74½	5.30	S.S.W.	a breeze, clouding up	16	58°	8 A.M.		very light		64°	1 P.M.		
	73°	5.45		a hurricane for half-an-hour		60½	noon		light					
	69°	11.30		blowing fresh			3 P.M.							

Date.	Ther- mo.	Hour.	Wind.	Remarks.	Date.	Ther- mo.	Hour.	Wind.	Remarks.	Date.	Ther- mo.	Hour.	Wind.	Remarks.
1850.					1850.					1850.				
Aug 22	65°	2.50	N.E.	light	Aug 25	74°	10.20	N.E.	moderate	Aug 27	80°	2 P.M.		breeze; falling stars
	61°	10.30	calm			78°	12.45 P.		light		73°	6 P.M.		brilliant
	59°	11.45	N.E.	moderate		79°	2 P.M.	calm	thick fog		68°	11.20 P.	calm	
23	62°	8 A.M.		breeze		64°	11.30 P.	N.E.	light: very heavy		67°	midn.	N.E.	light
	71°	10 A.M.			26	68°	8.20 A.		dew		28	8 A.M.	N.E.	moderate
	76°	1.50 P.				80°	2 P.M.		breeze till about 10		79½	1.45		breeze
24	63°	8.15 A.	calm			69°	midn.		P.M.		77°	3		
	70°	9.20 A.	N.E.	moderate		27	68°	8 A.M.	moderate		69°	midn.		
	77°	1.15				77½	noon				29	7.45 A.		moderate
	78°	5.15	calm			79°	1.15 P.				78°	0.30 P.		breezy
25	62°	8.15 A.									79°	2 P.M.		

Congress of Homœopathic Practitioners in London in 1851.

As far as the arrangements have progressed at the time of our going to press, we are enabled to announce that the Congress will take place on the 23rd and 24th of July, and that the following subjects will be introduced to the consideration of the meeting. After the introductory address has been delivered by Dr. Russell, communications will be read on "Medical Ethics;" on "The subject of formulas for the prescribing of Homœopathic remedies, especially external remedies;" on "Homœopathy in relation to the practice of medicine usually followed at the present time and to the water-cure, how far we are under obligations to the former and may consistently seek the aid of the latter;" on "Typhus and Typhoid Fevers;" on "The predisposing causes of diseases, whether natural or acquired; can they be eradicated or prevented? and has the science of Homœopathy the tendency to do so?"—on "The Poison of the Cobra di Capello," and the subject of a Homœopathic Council will also be considered; besides which it is probable that other papers and communications may be read.

New American Homœopathic Periodical.

We have before us the first No. of a new Homœopathic Journal, published by our transatlantic friends, entitled "The North American Homœopathic Journal," conducted by Dr. Hering of Philadelphia, and Drs. Marcy and Metcalf of New York. The first paper in this Journal contains a sketch of the Homœopathic literature of the North American Continent from the first publication in 1825 up to the end of 1850; they amount in all to 109, of these 12 are original books, 38 pamphlets, 21 translations of larger works, 6 translations of pamphlets, 15 reprints of larger works, 3 reprints of pamphlets, 8 periodicals. This is a tolerably good library, it will be allowed, for a juvenile system. It would be interesting to compare the homœopathic literature of our country with this list, and we hope to be able to do so in some future number. The next paper is one by Dr. Hering on a very interesting subject, viz. — *Daily Cycles in Diseases, and in the Effects of Drugs*. This veteran apostle of homœopathy has also another paper on fragmentary provings, in which he passes a well-merited censure on those of our body who will not institute provings on themselves, and who complacently sneer at the fragmentary provings of others, which are fragmentary just because these self-complacent worthies content themselves with the easy task of sneering, but will not lend a helping-hand in the very necessary work of perfecting our *Materia Medica*. This No. further contains well-written papers by Drs. Marcy and Hempel, and a great deal of interesting miscellaneous matter. We trust our new cotemporary will have a long and a useful career, and that it will find a large circulation on this side of the Atlantic as well as on the other.

The Hahnemann Medical Society.

Twelfth Ordinary Meeting, 17th Dec., 1850.—The discussion on Ling's system was commenced by Dr. Roth, who observed that the so-called orthopædic treatment was merely for external diseases, but that Ling's system was based on scientific principles, and was applicable to the treatment of internal diseases. There were many of the movements employed which were decidedly homœopathic to the diseases for which they were used. He would mention a curious case of accidental homœopathy; a lady who had long been paralytic fell down stairs and injured her head, whereby her paralysis was quite cured.

Professor Georgii, in allusion to the homœopathicity of several of the movements in Ling's system, mentioned, that when we stooped there occurred congestion of the anterior lobes of the brain, of the scalp and face, together with the mucous membrane of the nose; this was a position adopted for the cure of catarrh of the nose, accompanied with frontal head-ache, if there was also vertigo, rotatory movements of the head were combined with this treatment. In congestion of the brain, compression of the jugular

veins was used with benefit. A blow betwixt the shoulders often caused hæmoptysis, and this affection when it occurred naturally was treated by slight blows betwixt the shoulders. In an asthmatic subject percussion on the chest was apt to bring on fits of dyspnœa, this movement was employed for the cure of asthma. In gouty and rheumatic affections of the joints, compression above the joint by means of a tourniquet, was employed.

Mr. Ehrenhoff detailed the history of a case of white swelling treated successfully by Ling's system, in which amputation had been advised by Liston and Brodie. The girl had been confined to bed for eleven months; in five or six weeks she was able to walk about a furlong with a stick; in three months she could walk three or four miles without any support.

Dr. Russell alluded to Stromeyer's theory relative to the cause of curvature of the spine depending on a paralyzed state of some of the dorsal muscles, and said he had found it useful in practice. A lady labouring under supposed phthisis, pronounced to be that disease by Abercrombie, was brought to him, and he found a curvature of the spine, and gave it as his opinion that there was no phthisis, according to Rokitansky's observation. He made her lie on a couch and work with her arms so as to produce innervation in the paralyzed muscles. Her symptoms which consisted of irritating cough, hæmoptysis, and almost complete asthma, disappeared under this treatment, and she recovered, though there was no alteration produced in the spine.

Dr. Henriques said he was once much struck when traversing the Desert to see the treatment adopted by the Arabs in cases of spasms. One of the guides was seized with a violent attack of that affection, and his companions immediately rolled him along the sand and punched him till he recovered.

Professor Georgii mentioned the case of Admiral Henry, cited by Dr. Reece, in his "Medical Guide," who cured himself of cataract by rubbing and gently beating the eye with a small wooden hammer; this cured him so completely that he was ultimately able to read small print without difficulty. The other eye which was likewise cataractous, had previously been operated on by Mr. Ware unsuccessfully.

Mr. Engall said that Stromeyer's treatment of curved spine had been tried by Dr. Little, without effect, and he spoke favourably of Mr. Harrison's mode of treating such deformities.

Dr. Epps considered Ling's treatment as a most important auxiliary to homœopathy; he had seen such wonderful results from Harrison's spinal treatment that he considered it of the utmost consequence for spinal curvature in its most aggravated form; but if Ling's regulated movements could arrest the early stage of spinal curvature, it would be of incalculable benefit.

Dr. Chapman had had more experience of this treatment than most of the members; he had seen a good deal of Prof. Georgii's practice, and all who had seen his illustrations must acknowledge him to be a master of his art. He himself had undergone the treatment for a chronic tendency to

diarrhoea, with much benefit. He then gave an account of several cases he had watched under Georgii's treatment, and seen its beneficial effects. A few years ago a barber who had been deaf for years happened to be passing through a crowd assembled about a house on fire; they shouted to him to get out of the way, but as he did not hear he got the whole jet of the fire engine right in one of his ears, which knocked him down and cured his deafness. In the case of a diseased elbow joint, with effusion into it, he had directed gentle friction and magnetic passes to be made, concurrently with homœopathic treatment, and the disease was thereby cured; he considered the dripping sheet used in the hydropathic system to combine the three treatments of cold water, kinsipathy, and mesmerism.

Thirteenth Ordinary Meeting, 7th January, 1851.—The discussion for the evening was announced to be on Scabies.

Dr. Epps thought it of great importance to make drawings of cutaneous diseases from time to time, when under homœopathic treatment, so that we might be able to note accurately the effects upon them of various medicines. It often happened that during our treatment of a skin disease it apparently got worse, but this was frequently preliminary to a cure. A patient came to him with a severe cutaneous disease, which he told him would not be cured under a year; however he tired of the treatment after two or three months, and left it off. Some time afterwards his wife came to him (Dr. E.) and announced that her husband had had a fit; he had been taking some quack scorbutic drops internally; before he had finished the fifth bottle all the rash had disappeared, but the consequence was that he had an epileptic attack. We should regard these eruptions as a great blessing to the patient, preserving him from more severe disease, and we should take care not to repel them.

Dr. Madden said that Hahnemann denied that cutaneous diseases could be cured by internal treatment, unless the medicine given was specific to the disease.

Dr. Epps said that in this case the disease was removed by the drops before the specific change in the system was effected.

Dr. Dudgeon reminded the society that the subject under consideration was *scabies* and its treatment. Prof. Hebra had, in his opinion, done much service to practical medicine by proving that the *acarus* was the sole propagator of itch, that if it was removed the disease ceased, and that the insect was generally confined to the hands, wrists, forearms, and ankles. It had been proved that the eruption which appeared in other parts of the body was caused by the scratching of the patient, and that if the insect were removed by any method from the parts in question, the disease ceased. This could be done by picking out all the *acari*, or by killing them either with sulphur ointment or some non-medicated fatty substance. Hebra's treatment consisted in rubbing only the habitat of the *acarus* with sulphur ointment, and in this way he cured the disease thoroughly, he asserted, in a few days, and he had never observed after-diseases to result from this

method. If this were true, he asserted that it might be useful to combine some local treatment with some harmless ointment with the specific internal treatment, as all homœopaths agreed that the disease was most stubborn if combatted by internal remedies only. This method had been adopted and found successful by many homœopathic practitioners, and he recommended it to their consideration.

Dr. Madden had under his care a family, one of the children of which got itch and communicated it to her sister, father, and mother; both the children were rapidly cured by means of sulphur ointment. The father and mother not liking the inunction treatment tried homœopathic treatment for three months without effect, indeed they grew much worse; at last they also resorted to the sulphur ointment, and were cured in ten days. In none of these had the slightest bad effects manifested themselves. The lady was pregnant at the time; the child after vaccination became covered with eczema, and two children subsequently born had likewise troublesome eruptions. Dr. Bennett, of Edinburgh, had found lard most efficacious in curing itch, and he (Dr. M.) would be disposed to apply lard externally and give Sulph. internally.

Mr. Wilson said that he had recently treated a whole family labouring under itch, and had cured them in three weeks by homœopathic remedies only. These remedies were *merc.* and *sulph.* He had also seen a case where Sulph. ointment had been long used externally without any alteration of the disease. The patient gave up treatment and took decoction of Sarsaparilla, and cured herself. From the rapid cures he had effected with the high dilutions, he inferred that the cause of the want of success of others in the treatment arose from giving too much medicine. We would do better to hold our hand more than we did. He had not looked for the *acarus*, and therefore could not say if it existed in the cases he had treated, but he believed that itch could exist without the *acarus*.

Dr. Epps said, that there must be a susceptibility on the part of the patient, without which the *acarus* could not be communicated.

Dr. Dudgeon stated that Hebra had asserted and proved that the *acarus* could be communicated unconditionally.

Dr. Chapman had never seen any good effected by Sulphur given allopathically in itch. He had seen hundreds of cases of itch treated and cured in Liverpool homœopathically without any local means being used. He said that Hahnemann had stated that if the disease were removed in a few days before the constitutional effects were produced, that no bad effects ensued. He believed that the eruptions on the family mentioned by Dr. Madden were owing to the transmission of the repelled disease from the parents to the offspring. In the beginning of this century seven or eight out of ten persons in Scotland had itch; this he believed was owing to the almost universal use of oatmeal at that period, it was not so much used now, and the disease was less frequent. In Demarara the negroes were subject to a disease termed yaws, which was analogous to itch, and modified wonderfully all their diseases; this disease was propagated from one individual to another by means of a fly. He strongly objected to the use of local applications. The Barbadoes tar was much used as a popular remedy for itch, and it had recently been introduced in this country in the form of soap. He had lately seen a case of cutaneous disease on the toes of a boy which was much aggravated by a dose of Graph. 30; he gave Sacch. lact. and the whole went off soon.

Dr. Dudgeon believed that Hahnemann did not admit hereditary diseases, but had stated that such persons as had chronic diseases must at one time of their lives have been infected with genuine itch. Moreover he had stated that the eruption never appeared until the constitution was im-

pregnated with the disease ; therefore, according to him, the disease could never be treated locally at all, nor be cured, before the constitutional effects were produced, as stated by Dr. Chapman. He denied that the use of oatmeal was the cause of itch in Scotland, as there was not the slightest proof that a specific disease of this character could have its origin otherwise than by infection.

Dr. Epps said it was remarkable what an effect vaccination had sometimes in bringing forward cutaneous diseases ; at other times in curing such affections when already present. He did not agree in the opinion that there could be no itch without the *acarus* ; scabies existed before the *acarus* was discovered, just as pneumonia existed before the discovery of auscultation of the respiratory organs ; if we could hasten the death of the *acarus* by lard there could be no objection to its use, in conjunction with other treatment. He had had under his care a lady whose children had always died four hours after birth ; he treated her homœopathically, and she was delivered of a fine healthy child which lived still.

Fourteenth Ordinary Meeting, Jan. 21, 1851.—Dr. Epps read a paper on the therapeutic effects of *Cantharis*.

Mr. Metcalf said he recently had under his care a carpenter, who had fallen and lacerated the perinæum ; there occurred dysuria and hæmaturia, for which *acon.* and *canth.* were of service ; a stricture that remained was cured by the catheter and *arg. nitr.* In cases where blisters of *Cantharides* were employed and did good, he did not believe that they acted homœopathically by the absorption into the system of some of the drug as Dr. Epps had stated, but that they cured as counter-irritants allopathically.

Dr. Chapman had found *canth.* very useful in many diseases accompanied with dysuria. He had treated a case of peritonitis in which a constant desire to pass water was a prominent symptom ; *Canth.* removed the whole disease in a few hours. A young lady was affected with typhus and had frequent desire to pass water, burning in the urethra, delirium, and fever ; *Canth.* soon cured her. He observed that Dr. Epps had said that he had found *canth.* often prevent attacks of gout and rheumatism, the premonitory symptoms of which were dysuria or strangury, which he considered a highly interesting fact. He believed that the blisters of allopathy only palliated, but did not cure. The absorption of many medicines by the skin was a well known fact in medicine. There was in Lancashire a woman who had obtained great celebrity in the treatment of spinal diseases, by rubbing the back with *Ext. bellad.*, and it was a common practice in allopathy to rub in various alkaloids, such as *Atropine*, *Aconitum*, *Strychnine*, &c. ; he had found *Veratrum* very useful in those pains in the back of the neck for which *Veratrum* was used endermically with benefit, in allopathic practice.

Dr. Epps had had two cases of diabetes, in which *Canth.* diminished the sweetness of the urine ; the most agonizing pains in the bladder were relieved by *Colocynth* and *Cantharis*.

Mr. Wilson thought it was a dangerous principle to select medicines in virtue of their supposed specific effect in relation to one or two symptoms ; he considered it savoured strongly of allopathic nosology. He thought that Dr. Epps in place of giving a few symptoms, should have detailed minutely the whole of the morbid state observable in each case where *canth.* had proved useful. Dr. Epps had stated that he had often found that the same remedy relieved the same symptoms when they recurred over and over again ; Hahnemann's experience was the reverse of this, for he had found that the same symptoms were removed less and less effectually by the same medicine every time they recurred ; and in this he was borne

out by his excellent follower Hering, and also by Bönninghausen, whose work was a model of homœopathic accuracy.

Dr. Epps observed, that if he had given minute details of every case his narration would have lasted till to-morrow, and no advantage would have resulted.

Mr. Clarke considered that most of the cases Dr. Epps had adduced would have been cured by giving diluents. In cases of suppression of urine it was sometimes dangerous to trust to medicines alone; thus in the case of a woman recently confined, who passed her urine by drops, Canth. was given, but the urine not being drawn off by the catheter, the bladder burst.

Dr. Dudgeon thought that the minute details required by Mr. Wilson would have been out of place on the present occasion; the advantage of experience in homœopathy was, that it enabled us to form in our own mind a pathology, as it were, of medicine and disease, and to seize on the characteristic features of the case without requiring to go through the painful process of comparing every one symptom of natural and medicinal disease. In this point of view the cases detailed by Dr. Epps were of great use, as they presented in a few words the peculiar characteristics of the cases for which Canth. was the specific. Mr. Wilson had bestowed great praise on Bönninghausen, but he thought there was not a greater generalizer among homœopathists; thus he had actually proposed to present a petition to government praying for the suppression of vaccination, as he believed that to be a fertile source of chronic disease, and he had found that *Thuja* 200 was a perfect specific for small-pox of the most violent character, preventing all pock marks. The symptom of *Thuja* that had led him to give it in small-pox was one where it was mentioned that pustules like those of small-pox had appeared on the knee.

Mr. Wilson defended Bönninghausen, and pronounced a eulogium upon his individualizing talent.

Dr. Epps believed that every medicine had its characteristic peculiarities by which it could be distinguished from all others, and these were what it was of the greatest importance to know. In describing *Pulsatilla* he would commence with the simplest form of gastric affection it produced, and gradually proceed up to its most complex gastric derangements, just as in zoology we went from the slimmest zoophyte up to the most complex organism—man.

Mr. Wilson said that every well observed symptom cured by a particular medicine becomes as important in reference to that medicine as a pathogenetic symptom. Dr. Epps had mentioned squeezing pain in the testicles as being removed by Canth., he would immediately add that symptom to the pathogenesis of *Cantharis*.

MISCELLANEOUS.

Poisoning of Three Children with Camphor.

By Dr. SCHAAF, of Strasburg.

On Monday, 8th April 1850, an inn-keeper's wife at Neudorf, near Strasburg, gave to her two boys, one aged five, the other three years, and to her infant daughter, aged eighteen months, a dose of powdered Camphor, equivalent to about half a teaspoonful for each, the whole representing about thirty grains. For several previous days the same drug had been administered, but always in smaller doses, and never on empty stomachs. It was intended as a vermifuge for the boys, and to remedy some intestinal derangement in the girl.

The first unusual phenomenon which the parents observed after the swallowing of the drug, was an excessive paleness of the face, with a fixed and stupid look. Presently there occurred a little delirium, and some heat in the throat and thirst were complained of; next there followed nausea, vertigo, and slight twitchings of the face. A little later still there supervened vomitings and true convulsions, with loss of consciousness more or less prolonged and also frequent desire to make water. This was reported to the doctor on his arrival, which was half-an-hour after the Camphor had been swallowed. These effects were manifested by all the children, and, with some slight variations, in nearly equal degree.

When first introduced to the scene, Dr. Schaaf was forcibly struck by the appearance of the three little unfortunates, simultaneously affected with violent convulsions, with disordered expression of countenances, livid aspect, and tormented with constant retchings. The oldest boy, more than the others, was affected with clonic convulsive movements, leaving between them intervals of a few seconds, sometimes of a minute. The arms were more convulsed than the lower limbs. Several times the body curled itself up into a ball, and was projected out again with great activity. The author had never seen such an appearance before. The face alternately pale and livid, was the seat of incessant spasmodic movements. The eyelids in constant agitation, and half closed, showed the eyeballs turned upwards and outwards. There was a little froth about the teeth, which were firmly clenched. The skin appeared in general to be pale and moist, and the heat of surface diminished. Sometimes there was complete loss of consciousness, at others the boy recovered his senses. The respiration was short and noisy. The pulse uncountable, chiefly from the agitation of the body. There was frequent retching, followed by vomiting from the remedies used, and repeated discharges from the bowels and bladder. The urine appeared to Dr. S. to possess the odour of Camphor, although this was denied by some of the bystanders. The whole of these phenomena lasted with more or less intensity, for three consecutive hours, then there came on a comatose sleep, which lasted till evening. The night was good, and beyond a little discomfort the next morning showed no traces of the violence of the previous day.

As regards the treatment, the author not knowing any positive antidote for Camphor, commenced by taking every means for expelling the poison. He gave an emetic, laxatives, enemata, emollient, oleaginous and narcotic,—and afterwards an opiate draught. In regard to this last, he inferred, that as Camphor has sometimes been employed to remedy some of the symptoms caused by Opium, the latter might in its turn be able to subdue the violent action of the Camphor. At all events, the formidable symptoms disappeared under its use with comparative rapidity. It is to be remarked that the first vomiting did not take place till an hour after the swallowing of the Camphor, so that there was abundant time for its absorption. The second boy presented the same symptoms as his brother, but in a less formidable degree; he vomited spontaneously and at an earlier period, to which circumstance, although feebler and younger than the other, he owed a more speedy restoration to health. In fact, an hour after the commencement of the symptoms, a profound sleep, accompanied by a profuse perspiration, soon brought everything to rights.

The following are the facts connected with the little girl, whose life was sacrificed to the deplorable mistake of her parents: She was delicate, and ill-developed for her age, had had a difficult dentition, and latterly suffered from an affection of the respiration of rather severe character, which had itself caused some convulsive attacks. But more recently her health had been restored, and the slight flatulency and want of appetite, which had been the pretext for giving the Camphor, were quite unimpor-

tant. This child had been the first to show symptoms of poisoning. The convulsions in her were less violent than in her elder brother; but were prolonged without interruption from 7 a. m. till 2 p. m. From this period they presented intermissions of greater or less duration; but after these the recurrences were more violent. The peculiarity in her case was, that in the face they affected only the right side; but there they manifested themselves, even when the rest of the body was unconvulsed, and continued to cause hideous grimaces till the death of the child, which took place at 7 p. m. She never recovered consciousness from the beginning to the end of her illness. There were also observed involuntary evacuations and vomitings, which, however, did not come on till a late period, notwithstanding the means used to excite them; and there was also frequent discharge of urine. Further, there was a pallid countenance, occasionally blue and covered with cold sweat; the mouth slabbered, the eyes fixed and turned upwards, the features distorted by the spasms, the head thrown backwards, the respiration irregular and hurried. Towards the middle of the day there were some symptoms of improvement; but these were deceptive, violent convulsions recurred, and the child died in one of the paroxysms. The treatment which had been applied to the older boy was followed perseveringly in this case. With a view to producing powerful revulsion towards the skin, Dr. S. used general friction with very warm mustard and water. The application of leeches, which had at one time thought of on account of the convulsions, was abandoned, because there were no symptoms of congestion about the head, whilst the constant agitation of the body prevented their being applied.

Dissection 24 hours after death.—The body generally was extremely pale; the abdomen much distended by gases; the mouth presented no traces of redness or ulceration; the stomach and all the intestinal convolutions were extremely distended. They exhaled a peculiar nauseous odour. The interior of the stomach showed no traces of redness, on the contrary, both the gastric and intestinal mucous membranes were colourless. There were found in these organs some detached whitish pellicles, like fragments of croupy false membranes. One loop of the small intestines, to the extent of about four inches, presented the remarkable appearance of emphysema existing at once below both the peritoneal and mucous surfaces.

The large blood-vessels of the abdomen appeared unusually empty, and the liver and spleen, from their paleness, seemed to participate in their deficiency of blood. The parents did not permit the other cavities to be examined.—*Gazette Med. de Strasburg in Revue Medico-Chirurgicale*, July, 1850. From *Edinburgh Monthly Journal of Medical Science*, October, 1850.

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LECTURES ON THE HISTORY OF MEDICINE.

BY DR. SCOTT.

LECTURE 1.—*Introductory observations—Early State of Medicine among the Egyptians, Jews, Chinese, Hindoos and Greeks to Hippocrates.*

THE design of the following lectures is to give a concise but comprehensive view of the past history, present state, and future prospects of medical science; a work of no ordinary difficulty, and one to which we feel ourselves by no means equal, but for the assistance of those who have preceded in the same path, and even thus far aided, we wish our contributions to be regarded in no higher light than as suggestions to those better fitted to do justice to the subject, which is not one of mere antiquarian curiosity, but of great practical importance—for if we would attain an enlarged and liberal view of any subject, so continuously involved in the progress of the human race, and emancipate our minds from the limitations of our own age and circumstances, we must patiently incur the labour of investigating its origin, and of carefully tracing it down from the infancy of its being to the state in which it reaches us, following it in its windings how distant soever they may seem to lead us from the point at which we aim. We must lend an

impartial ear to error as well as to truth ; systems and theories which to our view may bear the impress of inconsistency must be weighed as candidly as those whose beauty gains our immediate admiration, and whose truth forces itself upon our conviction. In no other way shall we free our minds from the influence of accidental circumstances, and learn to separate the permanent and the certain from the transient and the unstable ; so long as we “compare ourselves with ourselves” we shall do no more than flatter our own vanity and the vanity of our age, while our controversies, instead of being noble rivalries in search of truth, will be trivial personal debates of no present importance and of no future interest ; we shall be found claiming the honour of originality for theories or practices much older than the oldest of our time, or entering upon experiments to prove or disprove what was settled long ago : thus wasting our time at the starting point instead of taking our departure from that stage of advancement to which the labours and the wisdom of our predecessors may have conducted the science with which we may be engaged.

If there be any subject to which these remarks apply with peculiar emphasis, it is that of medicine ; nor can any medical education be deemed complete, however accurate the views imparted, which does not embrace this department, any more than the education of the theologian can be so esteemed which includes no knowledge of the shades and phases of theological doctrine in different ages of the church, or the education of a statesman which involves no acquaintance with the varying forms of government in different ages and countries of the world.

Nor are such studies destitute of moral use ; they teach the mortifying but wholesome lesson of the feebleness and unsteady progress of the human mind, in opposition to the vain conceit of its uninterrupted and constant advancement, which would entitle each age to regard itself as at the highest point of an ascending scale ; a lesson peculiarly urgent upon the present time, when there is so much to foster such a sentiment, but which, nevertheless, is not free from the censure of Lord Bacon, that “the supposition of the sufficiency of man’s mind hath lost the

means thereof," nor beyond the counsel of St. Augustine, "man must not blush to confess he knows not what he does not know, lest while he feigns that he knoweth, he brings on himself never to know." They are also important practically, for by means of them we become acquainted with remedial measures which time and fashion have thrown into oblivion; we are more likely to discover the principle, in virtue of which all such measures are effectual, that common relation between medicines and diseases which constitutes the appropriateness of one to the other; and we shall be fortified against the fascination of ingenious but baseless theories, by observing the fleeting character of those which have passed successively through the ordeal of time and experience.

Nor is it merely to the professional student that a review of the history of medicine presents points of interest; for the state of medical science has always been in some degree an index of the state of philosophy in general, and of the direction in which the human mind is advancing. Thus in a period characterized by mysticism we shall find the practice of medicine associated with magic, with mysterious rites, with forms and ceremonies, fitted to impress the mind with awe, solemnity, or confidence, greater than is warranted by the means employed; we shall have spiritual theories and metaphysical speculations; while in an age tending to materialism and binding itself down to naked facts, we shall find experiment regarded as the great test, that which may be seen and handled the only admitted basis for that which may be done: and even these material systems will be modified by the predominant form of material investigation, mechanical, chemical, or anatomical. For the nature of the physician's studies and engagements is such as eminently to fit him to be the link between the past and the future, and therefore the type of the present, because they involve a larger acquaintance than those of any other profession with the various branches of knowledge; he, therefore, imbibes the spirit of the past while he cultivates its learning and appropriates its stores, and he impresses the future with his own spirit while he transmits his acquirements to posterity. He is also in practice brought into intimate contact with minds of

every cast, and thus of necessity and unconsciously he modifies the results of his retired studies by the influence of men engaged in every form of active or speculative pursuit.

It is not easy in a subject of this kind to adopt any method or classification which shall be wholly unobjectionable, or in every respect the best; for the history of a science is not conveyed by an enumeration of the names of those who have engaged in its cultivation, but rather by an exposition of the ideas that have been entertained concerning it in the different ages of the world, and of the changes it has undergone in its progress from the earliest stage to that at which we find it. Three methods at least might be proposed, each having a claim for preference. I. The chronological, presenting a view of the state of medicine in successive periods of time, without any special regard to the mutual relations of medical theories. II. The physiological, which should consider the various schools of medicine according to their physiological doctrines, and, in particular, in reference to the power to which the physician ought to address his remedies, which might be subdivided into : 1. The spiritual school, which represents the whole animal economy as under the guidance of a power distinct from itself, called by Hippocrates, *Φύσις*, by Stahl, *ψυχή*, by Paracelsus, *æρχή*, and by Hahnemann, the vital dynamism. 2. The animal school, which, without going beyond the precincts of the actual animal, finds in the mere fact of vitality a power distinguishing every living body from every inanimate to such a degree as, to a certain extent, to remove the living from the laws to which the inanimate are subject, of which Haller's doctrine of irritability may be considered the type. 3. The material, subdivided into : *a.* the chemical, which builds the theory of disease, and consequent treatment, on the principles of chemistry, of which Paracelsus may be regarded as the founder, though not the type; and, *b.* the mechanical, which regards the animal economy as strictly under the laws of mechanics. III. The practical, founded on the principles adopted as the guide to practice in different schools, of which there may be reckoned three. 1. The dogmatic, or pathological, regulating practice by the theory of disease. 2. The empirical, which, laying aside all

theory, adopted experience as the only guide. 3. The homœopathic, which regards the ascertained pathogenetic effects of substances as the guide to their application in disease. Of this Hahnemann is the founder and the type. Of these methods we purpose to adopt the chronological as the basis of our review, and, when completed, to present the various leading theories or schools that may have passed under our notice, in their mutual relations, which appears to us the most likely way to secure the advantages of all these methods; and the following divisions may be regarded as our chief resting places. 1. From the earliest period to the Greek school as matured by Hippocrates. 2. The Greek school extending from Hippocrates to Galen. 3. The continuance of that school in what may be called its twilight, when medical science shared the fate of all learning. 4. The Arabian school. 5. The Italian school, of which we may regard the school of Salernum as the commencement. 6. The most distinguished but unclassified names of later date, as Paracelsus, Harvey, Haller, Brown, Cullen, Broussais, &c. And, 7. Hahnemann, which will lead to an exposition of the Homœopathic School of Medicine,—its origin, progress, present state, future prospects, difficulties, defects.

It has been observed that the first man must have been the first physician, for the evils to which he was exposed must have led to efforts at their relief, and all means employed for this purpose may be regarded as medicinal. But that a still more definite practice of medicine is of a very remote antiquity is indicated by its invention being ascribed to the gods, from which we learn not merely that it was held in high respect, but also that the date of its commencement is earlier than that of written history or authentic oral tradition. "The art of medicine," says Cicero, "has been regarded as the sacred invention of the immortal gods." (*Tusc. Quæst. Lib. 3.*) "Those," says Hippocrates, "who first discovered the method of curing diseases have considered it an art worthy to be ascribed to the invention of God;" (*De priscâ medicinâ*;) and the names of the originators of this science are actually enumerated among the Gods; an honour which I think was granted to none whose period was not prior to authentic history. Thus, Bacchus, king of Assyria,

Lybia, and India, has by some been considered the author of medicine, whether from the introduction of any purely medicinal substance, or from having first taught the use of wine, is not agreed. (*Plutarch. Sympos. Lib. 8, Quæst. 1.*) Hammon reckoned among the first dynasty of Egyptian kings, probably the same as Ham the son of Noah, has received the same honour; likewise Zoroaster, king of the Bactrians, supposed to be cotemporary with Ninus, king of Assyria, but by some considered to be the same as Ham; to whom is also assigned the invention of magic, though perhaps medicine is intended by this term. And the same honour we shall find ascribed to most of those names associated with the earliest history of nations, in whose character and achievements the human and the divine are generally found to blend.

We shall begin our review with an account of the state of medicine among the Egyptians. Among the earliest and most revered names in the Egyptian mythology are those of Osiris and Isis, a king and queen of that country, whose great benefits and remote antiquity occasioned their being obscured by mythological allegories. For under these names appear to have been typified the sun and moon, natural bodies exerting much influence on the physical state of man, while in virtue of the actual introduction or improvement of medical science (as well as other benefits) those sovereigns were included among the deities, and patients were enjoined to sleep in the temple of Isis that a knowledge of an appropriate remedy might be revealed to them in a dream; a custom in which may be traced some analogy with certain processes of recent times. From Isis was transmitted the knowledge of medicine to her son Horus, regarded by Diodorus as the same as Apollo among the Greeks, another instance of blending the actual traditions of human science with the physical operations of the sun. In this enumeration we must not omit the name of Thot, Thouth, Hermes, or Mercury Trismegistus, supposed to be cotemporary with, and by some the same as Canaan the grandson of Noah, and by others Tubal Cain. The name has been variously derived from the Egyptian word, signifying a column, from his having engraved his knowledge on a column, or from the

Coptic word signifying *head*, as the seat of intelligence. To him has been ascribed the art of writing, arithmetic, geometry, astronomy, music, laws and religious ceremonies, the cultivation of the olive; also the invention of surgical instruments, and many books on medicine, whose authority was held to be paramount, and by the precepts of which every physician was bound to regulate his practice on his own personal responsibility for at least five days of treatment. Clement of Alexandria goes so far as to say that there were forty-two principal books of Hermes, six of which belonged to medicine; the 1st, treating of the construction of the body; the 2nd, of diseases; the 3rd, of necessary instruments; the 4th, of medicines; the 5th, of diseases of the eye; the 6th, of diseases of women. It is not very likely, however, that at so early a date as the earliest assigned to Hermes, the science should have assumed so definite a character as is implied in this classification; it is more probable that the works were those of the Egyptian priests who employed his name to invest them with greater sanctity. There was also an Egyptian Æsculapius distinct from and prior to the Grecian. To one of this name, according to Cicero, has been ascribed the invention of the probe and the art of bandaging; and to another the use of purgatives and the extraction of teeth.

The practice of medicine was carried on by the priests, to whom it belonged to appease the anger of the gods, the principal cause of disease: its characteristic features are little known, further than that the prophets or superior priests gave the prognosis while the inferior priests treated the patients according to the rules of Hermes. They were very strict in diet and regimen. The priests themselves observed scrupulous attention and cleanliness and even to the material of their dress, which might not be woollen, but must be either linen or cotton; some affected the delicacy and even dress of females; their nourishment was confined to vegetables and to such animals as were sufficiently pure to be offered in sacrifice; fat was forbidden, and all oil except that of the olive; also certain vegetables, as onions. This strictness of regimen, though specially obligatory on the priests, was with some license extended to the people, and even

to the kings, and the most ordinary performances were regulated with the greatest formality, involving the monthly employment of purgatives and emetics. Their diet was simple in quality and moderate in quantity, and accordingly the Egyptians were distinguished for their healthy condition, and it has been remarked that it is rare to find mummies in which the teeth are either wanting or decayed. To different physicians were appropriated the cure of different maladies—as those of the eye to one, of the teeth to another, of the stomach to a third, &c. Of their medicines we know but little; further than that they employed squill in dropsy, and an oxide of iron; whether they had any chemical knowledge is uncertain; their constant practice of embalming the dead has led to the supposition that they must have made considerable advancement in anatomy, and have become free from any superstitious fear of doing violence to the dead; it should appear without foundation, for so powerful was this prejudice that the person whose office was to make the first incision in preparing the body for embalming, instantly fled after having performed his task, and was pursued with stones by the bystanders; in short, though performing a duty necessary to the suitable and honourable treatment of the dead, he was looked upon as little better than an executioner, and it is plain that while such feelings existed little progress could be made in anatomy.

From the Egyptians we may proceed to consider the state of medicine among the Jews. Whatever amount of medical knowledge had been attained by the Egyptians at the time of the departure of the Israelites from that land of bondage we may fairly suppose to have been carried with them, since their leader Moses was skilled in all Egyptian learning, but in the Pentateuch we find no allusion to the practice of medicine as a merely human science or profession. The healing of certain diseases was accomplished by rites performed by the priests, but these diseases implied a ceremonial impurity, the cleansing of which naturally devolved upon them. Of means physically remedial we have scarcely any intimation; but certain diseases are described with a degree of accuracy which has secured the commendation of eminent physicians of the most recent date; and

there appears some probability that Moses had acquired from the Egyptians the knowledge of some chemical processes with which we are unacquainted, as the pulverisation of gold.

In the early history of the Chinese are found the names of those who were distinguished for medical knowledge, but their chronology is proverbially doubtful. Conningo or Chinnum, who succeeded Fohi the founder of their monarchy, made several experiments to discover the nature of plants, and Hohangti his successor, whose works, real or supposititious, are still followed as authoritative, is said to have lived 4000 years ago. They are said to possess many "works of high authority, in which the opinions, practice, and prescriptions, of the respective authors are clearly and systematically arranged. The characteristic hypothesis of most of these works is, that every disease acts successively upon the heart, the liver, the lungs, and the kidneys; that the crisis of the disorder is occasioned by its transition from one of these organs to the other; and that it is of the utmost importance, to be able to distinguish the fit stage for attacking it by direct remedies, arresting its progress, or merely changing its course in order to weaken it, and lastly, to determine when a crisis is to be hastened or retarded, or when the cure should be left entirely to nature." Vital heat which resides in the intestines, radical moisture which resides in the heart, lungs, liver, and kidneys, constitute the two natural principles of life, of which the blood and spirits are the vehicles. They compared the body to a stringed instrument whose various parts emit various sounds, and the basis of their practice rests on the hypothesis of a general consent or sympathy subsisting between all parts of the body. They date the origin of small-pox much earlier than any accounts that we possess of that disease, and they practised inoculation long before it was introduced into Europe, and made observations on the fallibility of that prophylactic, as well as the possibility of a repetition of the natural small-pox—facts which still engage the attention of the physician. The circulation of the blood is said to have been known in China before being proved by Harvey to European physicians. It is certain that the attention

to the varieties of the pulse was most minute. They are opposed to the practice of bleeding and purging.

The Hindoos are known to trace their origin and civilization to a very early period, and, laying aside all doubtful calculations, it is likely that they are not more recent than the Egyptians and the Jews. What may have been their medical theory and practice in the early ages of their history does not appear, but considering the small tendency to change that is found in the habits of Eastern nations, it is likely that much more recent and even present accounts may afford a tolerably fair criterion of their early state. Their learned order was and still is the Brahmin's; besides these, Clement of Alexandria informs us, they had another order called Samaneans who were again subdivided into hylobians and physicians. The first, as their name imports, resided in the woods; the latter lived a very temperate and simple life; their food consisting of rice and flour, and their treatment being chiefly by diet and external application. They practised medicine under the observation of certain magistrates appointed for the purpose. It was forbidden, on pain of death, to announce the discovery of a poison unless the discoverer could likewise declare its antidote, in which case he was treated with great honour. Their medical practice was much influenced by their theological and philosophical doctrines. Viewing the body of man as the prison of the soul and the creation of the evil principle, they held also that all diseases were the work of evil geniuses, and could be cured only by their expulsion: hence the art of medicine consisted greatly in the knowledge and performance of those magical rites by which this influence might be destroyed, and thus was founded the theurgic school of medicine afterwards diffused through India, Persia, Syria, and Egypt. The Brahmin physicians of the present day, it is said, aim at no advancement, but are content to transmit the science to their children as they received it from their fathers. Their pathology is confused and their practice superstitious. They in general reject bleeding, but employ caustics and scarifications: they pay minute attention to the pulse, watching narrowly at the same time the face of the

patients, conceiving that each change of the pulse occasions a change in the features. They are said to remove the marks of small-pox by an ointment unknown to Europeans, and to possess a secret remedy against the bite of venomous serpents.

Between the Egyptian *Æsculapius* of whom we have spoken and the Grecian *Æsculapius*, it is said that nearly eleven centuries intervened, viz., from near the time of the deluge to that of the Argonautic expedition, in which the latter took a part about fifty years before the siege of Troy, at which his sons were present. In all the interval we find few hints of medical science. Among the early Greeks, as well as other uncultivated nations, the healing of diseases was associated with the sacred office, and it is probable that the art itself was brought over with the leaders of the early colonies from Egypt, Phœnicia, and Asia Minor. About the time of the departure of the Israelites from Egypt a colony of priests under Deucalion, called Curetes, from Mount Caucasus and the neighbouring districts, established themselves in Greece, and soon after another colony called Cabiri, under Cadmus, came from Phœnicia. It is uncertain in what consisted the exact difference between these two classes. They introduced the worship of Cybele and Bacchus. Of the race of Curetes was Orpheus, who has been regarded as the founder of religious ceremonies, mysteries, poetry and medicine; but the accounts of him are so mingled with fable as to afford very little clue to his real performances. The like may be said of Musæus. A less mystical character is Melampus of Argos, a poet, a soothsayer, a shepherd, and a physician; a combination of offices not very usual in the present day, but by no means unnatural in the earlier periods of the world: indeed his own occupation as a shepherd led to his skill as a physician, for having observed the effects of hellebore on goats which had eaten it, he employed that substance, or the milk of the goats affected by it, in the treatment of human maladies, and it is interesting to observe that the *pernicious* properties of substances were those which led to their being regarded as *medicinal*. Among the most remarkable of his cures was that of the daughters of Proetus, who, being affected with leprosy and insanity (as seems

probable from Hesiod), fancied themselves changed into cows, and filled the country with their cries. In their cure he employed the white hellebore, and by chasing them from place to place excited perspiration by violent exercise. By these and other means united to religious rites they were restored to health, and one of them was in gratitude conferred on Melampus, a liberal but somewhat questionable fee. In his general practice he adopted the use of charms and verses, and various superstitious usages. He employed iron as a remedy for sterility, a substance which Dioscorides observes occasions sterility.

Chiron the Centaur, a native of Thessaly, is said to have lived about 1200 years B.C. The monstrous form under which he is represented is explained either by the fact of his countrymen having been the first to subdue horses to the use of man, and therefore being supposed by those who first saw them mounted to constitute one animal; or from his uniting the practice of human and veterinary surgery. To him is ascribed great advancement in the knowledge of medicine, particularly the introduction of certain herbs and medicines for the cure of wounds and ulcers. He was entrusted with the education of most of the remarkable heroes and demigods of his time, of whom it is sufficient to name Jason, whose name seems to indicate his skill, Theseus, Telamon, Teucer, Achilles, Hercules, Æsculapius, Aristæus, king of Arcadia. In the beautiful tragedy of *Alcestis* we perhaps have an allegorical tradition of the medical skill of Hercules, as well as in several of his well known "labours." But the most distinguished was Æsculapius, who, according to Galen, first brought medicine to perfection—curing all sorts of ulcers, wounds, fevers and pains, by means of enchantments, potions, incisions, external applications, music and gymnastic exercises: and he is said by Hyginus to have introduced clinical medicine, or the practice of visiting patients in bed, in opposition to that of disposing of medicines in fairs or markets. His sons Podalirius and Machaon are expressly mentioned by Homer as surgeons at the siege of Troy, and of Podalirius we learn in addition, that he cured Syrna, the daughter of Damœthus, king of Caria, who had fallen from her

horse, by bleeding her in each arm, the first recorded instance of this operation, and that he received for his reward the hand of his fair patient with the Chersonese as her dowry.

It is most natural to suppose that surgery formed the larger part of practice in early times, the great occupation of men being war, and their method of life simple and healthy. And it is a little curious to observe that Homer represents all the efforts used against the plague as of a religious character, but those against wounds as of a surgical character. Yet we are scarcely authorized to suppose that *Æsculapius* confined his attention to such cases, still less to maintain with Plato that he designedly withheld assistance from those who required a lengthened constitutional treatment, that he might not prolong an existence painful to the individual and useless to the state. We have already seen that other cases than surgical were treated successfully by internal means, and indeed it may be observed that the use of purgatives, though ascribed to *Æsculapius* by Cicero, existed long before his time, while bleeding, a common operation in surgery, was not mentioned till the time of his son, though of course it may have existed at an earlier period. The use of purgatives may have been suggested in the manner above described, by the observation of their action on inferior animals, or by the favourable termination of some maladies on the occurrence of diarrhoea, whereas spontaneous bleeding is comparatively rare, and its artificial production is to a certain degree repulsive and violent.

In the early ages of the world the practice of medicine does not appear to have been confined to the male sex. Not to dwell on certain female deities who were supposed to preside over various departments of the healing art, several women may be mentioned who have earned renown by their skill. *Angitia*, daughter of *Æeta*, king of Colchis, is said to have taught the charming of serpents, and to have extracted some poisons from plants; and even her name is by some derived from her having cured some persons of angina or sore throat. She has been supposed to be the same as *Medea*, whose fabled power of restoring youth may have been due to her possessing some means of preventing the hair becoming grey, or of restoring its

darker colour; and her employing warm baths may have gained her the reputation of boiling her patients, and the death of Pelias she may have hastened perhaps by a misapplication or excessive use of this very process, without incurring justly the odium which classical tradition has attached to her name. Circe, her sister, shared her reputation as a sorceress, and no doubt the effect of many medicines on the mind and body of the patient might give some sanction to the fabled transformations of Circe's cup. And the beautiful Helen fascinated not merely by her personal charms, but soothed all pain and grief by the use of nepenthes, perhaps the poppy. Enone, her rival in beauty, was her rival also in medicine, and perhaps the better skilled, since the death of Paris is ascribed to the want of her aid.

To perpetuate the memory of these early benefactors of mankind, temples were raised to their honour, and being supposed still interested in the pursuits which they followed during life, these temples became the resort of those whose sufferings required relief. To Æsculapius were raised many temples, the principal being those of Peloponnesus, of Epidaurus, of Cos, of Megalopolis in Arcadia, of Pergamos in Asia Minor; of these that of Epidaurus was the most renowned at first, though perhaps the temple of Cos rivalled it in later times. Into these sanctuaries none might enter unpurified, and into the most sacred parts of some, none but the priests. They were erected in situations calculated to promote health by their locality, exposed to the breezes from the mountain and the sea, and in the neighbourhood of pure and salutary streams, sometimes within reach of mineral springs. Within were kept the statues of the presiding divinity, rendered more imposing by the addition of mystical symbols. The statue of Æsculapius at Epidaurus represented him either erect or seated on a throne, having a staff in one hand, a serpent's head in the other, and a dog stretched at his feet; but the form of the god and of the attendant animals is not uniform; his most constant attendant is the serpent, of which a particular species was consecrated to Æsculapius, perhaps to indicate the great degree of sagacity requisite to the practice of medicine, or that the powers of

medicine enabled the patient to renew his strength as the serpent renews his skin. Nor were serpents employed only in effigy; they were kept as sacred animals in some of the temples of *Æsculapius*, and their manner of taking food was often used as an assistance in forming a prognosis. The knotted staff may indicate the difficulties of the practice, or that medicine is to the invalid as a staff to the feeble.

The treatment of patients in these temples was well calculated to impress the imagination. After due purification, including several days of abstinence, more or less rigid, they were led to the temple, where they were told of various cures already wrought, where they saw the votive inscriptions, and offered the appropriate sacrifice, with earnest prayers repeated after a priest, frequently in the form of a hymn accompanied with instrumental music. Before hearing the response of the oracle they bathed, were subjected to friction, to anointing, and sometimes to fumigation; they slept in the neighbourhood of the temple, or in the temple itself, expecting an answer in a dream, which generally recommended a simple and innocuous medicine, abstinence, bathing, mystic ceremonies, or gentle laxatives, but sometimes more violent means. Any failure in the remedy was generally ascribed to want of faith or submission in the patient. The explanation of the dreams was the office of the priests, who were also in some cases the dreamers. After a cure the patient made offerings to the deity and presents to the priests; sometimes tablets were engraved containing the name of the patient, his disease, and his remedy. New remedies and newly invented surgical instruments were deposited in the temples, and periodical games and feasts celebrated the honour of the god.

The history of medicine presents nearly a total blank from the time of the Trojan war almost to that of the Peloponnesian war, when the science was restored by Hippocrates, or, according to Celsus, about eighty years earlier, in the time of Pythagoras, when the love of letters and the pursuit of philosophy, "so profitable for the mind and so injurious to the body" (Celsus), led to the revival of medicine. What may be the

cause of this hiatus it is not easy to say ; perhaps it may be owing to the want of historians or poets to record its progress.

The descendants of *Æsculapius*, called *Asclepiades*, are said to have retained the knowledge and practice of medicine in their family without interruption ; but of them little is known till we come to *Hippocrates*, the seventeenth or eighteenth in descent. He was of the family of *Nebrus*, himself eminent in medicine and the founder of the family of *Nebrides*. Among the descendants of *Æsculapius* there were three schools, of *Rhodes*, of *Cos*, and of *Cnidos*. The first seems early to have fallen into decay, as it is not mentioned by *Hippocrates* ; the last two flourished at the same time as the ancient school of *Italy*, which contained *Pythagoras*, *Empedocles*, and other philosophical physicians, or medical philosophers. Among these prevailed an honourable emulation. By *Galen*, the first place is assigned to that of *Cos*, the second to that of *Cnidos*, the third to that of *Italy*. *Herodotus* mentions a school of physicians at *Cyrene*, and another at *Crotona*, the country of *Democedes*, a famous physician contemporary with *Pythagoras*, who is said to have practised with great success in *Greece*, and to have crossed over to *Persia* and cured king *Darius* of a dislocation of the foot, and his queen *Atossa* of a cancer in the breast.

Of the practical attainments of the *Cnidian* school the testimony of *Hippocrates* gives no flattering impression. "Those," says he, "who have compiled the *Cnidian sentences* have well marked all that patients suffer in each malady (symptoms), and how a part of that happens (pathology), in a word, whatever a person, ignorant of medicine, might write from the information of the patients themselves. But they have forgotten the greater part of those things which a physician ought to know without the report of the patient ;" and further, "the *Cnidians* make use of very few remedies," *elaterium*, milk and whey, being the principal. From which it should seem that they devoted themselves to the observation of disease rather than to theoretical speculations, or very active and systematic treatment. *Euryphon*, probably the author of the *Cnidian sentences*, is the only *Cnidian* physician of this period whose name has reached us.

Nor to judge from the "Coan observations" can we learn that the school of Cos entered very deeply into an exposition of the theory and principles of disease prior to Hippocrates, who was their brightest ornament. It is said by Galen that the descendants of Æsculapius transmitted the knowledge of anatomy from one generation to another by dissecting animals, and that they engaged in this practice very early in life—a statement highly probable though not entirely uncontradicted.

The revival of philosophy introduced theoretical speculation into medicine, by combining with it the disclosures and speculations of anatomy and physiology. Among the earliest medical philosophers was Pythagoras, though Thales the Milesian (in the fortieth Olympiad), and Pherecydes his contemporary, and Epimenides of Crete, enjoy a precarious reputation; as also Toxaris the Scythian, called by the Athenians, "the foreign physician," whose prescription to moisten the streets with wine might, if wisely interpreted, have been not wholly without benefit during the prevalence of the plague. Pythagoras, who lived about the sixtieth Olympiad, founded the Italian school, and was, according to Celsus, the first who united philosophy with medicine, though it does not appear that he followed the practice of medicine, and the fragments that remain of his theories are but small. Agreeably to the general and necessary practice of those who sought to enlarge their knowledge, he spent much time in travelling, particularly in Egypt and India, whence it is probable that he imported the doctrine of Metempsychosis—his repugnance to animal food, and some of his more mystical tenets. He founded a school at Crotona, in Italy, about the time of Tarquinius Superbus, (according to Cicero,) in which the theory of medicine was taught. Pythagoras held that at the time of conception a substance descended from the brain containing a warm vapour, from which arose the soul and all the senses, while the flesh and all material parts were formed within the womb: that the body of the child was solid and formed in forty days, but that seven, eight, or nine months were required to bring it to maturity, according to the laws of harmony: that from this period is fixed and regulated all that must happen to the child during his life, accor-

ding to the same laws of harmony. The veins, the arteries and the nerves he considered as the bonds of the soul, extending from the heart to the brain: from that portion of the soul which resides in the heart arise the passions, while reason and understanding reside in the brain. The origin of diseases he ascribed to spirits or demons dwelling in the air; from which it would naturally follow that his treatment should include superstitious rites. Health, as well as all virtue and goodness, he made to consist in harmony, in which is probably contained a two-fold meaning, the obvious and the remote: the obvious being that health requires a due proportion to subsist between all the parts and functions of the body, and all the natural elements which can affect its well-being: the remote being an expansion of the same view through the infinite relations of created things, modified by the mystic doctrine of numbers, to certain of which is ascribed a peculiar virtue, particularly to the number seven and its multiples, the principal being $7 \times 9 = 63$, the grand climacteric of life.

Zamolxis, the friend and disciple of Pythagoras, according to some, but more ancient than he, according to others, and adored by the Getæ as their god, has gained a reputation of a knowledge of medicine, but perhaps without much ground; all that remains concerning him is a saying, that it is impossible to cure the eyes without curing the head, nor the head without the rest of the body, nor the body without the soul. The remedy he employed for the soul was enchantment, not (if we believe Plato) magical rites, but honourable discourse, which promotes wisdom, and thus leads to health. It is interesting to notice the rejection of local remedies.

The most distinguished disciple of Pythagoras was Empedocles, who is said to have improved the atmosphere of Sicily, and the salubrity of a river, by the sagacity of his observations; in the one case stopping up some openings in the mountains; in the other, directing two more wholesome streams into the bed of that which was corrupt. He is said to have written 6000 verses on medicine, and to have held the profession in the highest respect; placing physicians above all other men except soothsayers and poets, whom he classed along with them.

He was of Agrigentum, in Sicily, and lived about the eighty-fourth Olympiad. He died on Mount Ætna, whether by accident or suicide is not agreed.

Alemæon, another disciple of Pythagoras, was of Crotona. He is said, but with little probability, to have been the first to dissect animals. His theory of health was, that it depended on the equality of heat, cold, dryness and moisture, and even of sweetness, bitterness, and other similar qualities; and that diseases arose from inequality in the same particulars.

The Pythagoreans were not the only students of medicine. Heraclitus, of Ephesus, about the sixty-ninth Olympiad, likewise engaged in this pursuit, though it should seem with little satisfaction, his opinion of the power of physicians being very low, nor do we learn that he in any degree augmented their resources. His dissatisfaction may have arisen from a natural sourness of disposition, which earned for him the designation of the weeping philosopher. On the other hand, his contrast, Democritus, whose laughter appears not to have been that of folly so much as of sarcasm and pity, filled with a desire of knowledge, travelled through those parts where it could best be attained, and left, as the result of his studies, many works of a medical character; as, on the nature of men; of the plague and pestilential diseases; of prognosis; of diet; of the causes of disease; of things proper or adverse to the body in respect of time; of trees, seeds, fruits, and animals. He is said, by Pliny, to have written a book on the magical properties of plants, among which he seems to have included that now known as the sensitive plant, that which is now familiar being then regarded as fabulous. It is recorded of this philosopher, that having retired from human society, and being observed perpetually in laughter, his countrymen supposed him to be mad, and sent Hippocrates to enquire into his case. On his arrival, he found Democritus engaged in dissection, and on enquiring the object of his search, he said that he was endeavouring to ascertain the cause of madness, which he regarded as the effect of bile. The vanity of man, he said, was the cause of his constant ridicule. The impression made on the mind of Hippocrates was, that instead of being mad, he was eminently

wise, and a strong mutual affection arose between the two philosophers. He held that the cause of new or unknown diseases was the dissolution of other worlds, whose fragments fell upon our earth. He is said to have starved himself to death by gradually reducing his food, and for the last four days of his life to have been sustained simply by inhaling the odour of bread.

Cotemporary with Empedocles and also of Agrigentum was Acron, stated, by Pliny, to have been the founder of a sect called empirical, from their exclusive attachment to experience. This account is perhaps not strictly correct; for long before his time must physicians have regulated their practice by experience, and the sect so called did not exist as a sect till some time later. It is probable that he laid unusual stress on the comparative importance of experience. During the plague at Athens, he is said to have recommended the kindling of large fires throughout the city.

Æginus, of Elis, is said, by Galen, to have been the first who wrote of the pulse, in a work entitled, "*Of Palpitations*," the pulse being formerly so called. His time is not absolutely certain, but it is probable from the title of his book that he lived before Hippocrates, who frequently speaks of the *pulse*.

Euryphon, the Cnidian, about this time, made use of cauteries in empyema, as also did Hippocrates.

Herodicus, of Thrace, or of Sicily, introduced the gymnastic system of medicines, having been a teacher of gymnastic exercises. Not that he was the first to introduce them into medical practice, but the first to make them hold the most prominent part, or even rather to constitute the whole of treatment; regulating the movements carefully according to age, temperament, disease, season, &c., and regulating the diet according to the training of the gymnasts (kinesipathy). He was not held in very high esteem by Hippocrates, who considered that he killed those who were in a fever by his inappropriate methods; and pretending to cure the sense of fatigue, occasioned by disease, by fatigue in another form, he brought on inflammation, stitches, &c. His censure, however, is to be confined to the promiscuous use of these exercises; for he

himself, as well as all physicians ancient and modern, regarded exercise as forming an important part of cure. Nor is it improbable that medical prescription give rise in the beginning to the various gymnasia, which, with their porticoes, arcades, and squares, afforded convenience for every kind of exercise, and in after times became the schools of philosophy, and the retreats of effeminacy.

The same method of treatment was enjoined by Iccus of Tarentum, about the same period.

Thus have we brought the history of medicine down to the time of Hippocrates; and, notwithstanding the imperfection and obscurity of the sources of information, we can hardly avoid acquiescing in the remark of Le Clerc (who has been our principal guide hitherto), that "if the discovery of remedies be more important than reasoning upon diseases, these early physicians were acquainted with almost all that is essential, or at least that is so esteemed at this day in Europe, and that they practised those remedies on which most confidence is placed." Bleeding and purging, baths, exercise, milk, opium, cauteries, bandages, were employed by them, and it is probable that they possessed more specifics than we do, since their principal study was directed to this discovery. These remarks, it is true, were made more than a century ago, and the last half century has been more fruitful in discovery and invention than any previous century; yet I think it might easily be made to appear, by the testimony of those best capable of judging, that the practical department of medicine is very far behind every other department, and has by no means advanced *pari passu* with the branches of knowledge most intimately connected with the healing art.

REASONS FOR EMBRACING HOMŒOPATHY.

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New Truths.

“IF any one advances anything new, which contradicts, perhaps threatens to overturn the creed we have for years repeated and have handed down to others, all passions are raised against him, and every effort is made to crush him. People resist with all their might—they act as if they neither heard, nor could comprehend, they speak of the new view with contempt, as if it were not worth the trouble of even so much as an investigation or a regard. And thus a new truth may wait a long time before it can make its way.”—*Goethe.*

The writer of this paper having been known until within a comparatively short time since (especially while holding office in the Royal College of Physicians of Edinburgh) as a determined opponent of homœopathy and its disciples, and now coming forward to avow his conviction of its truths and his desire to assist by every legitimate means in their dissemination; he thinks it a duty to give his reasons for thus changing his opinions and practice. In common with many of his professional brethren in Edinburgh, he questioned the possibility of the homœopathic preparations containing any medicinal properties whatever; because, in the first place, the most carefully conducted chemical analysis failed to detect their presence, except, perhaps, in some few of the tinctures; and secondly, because even if they did exist, so material and palpable did we erroneously suppose disease to be, it was impossible (so we argued) that substances so attenuated could exert any influence upon the human organism. Still with all the apparent difficulties and absurdities, (as we styled their doctrines) our patients resorted to these heretical practitioners—and generally assured us, to our ill-concealed mortification, that they received benefit at their hands:

notwithstanding our prognostications of the ephemeral nature of the system, it continued to increase in favour, and its disciples were to be found amongst the most intellectual and calm thinking members of society. We said to one another, what do these men give to their patients? One physician informed the writer that Tartarized Antimony in small doses, would act as a sufficient aperient, and doubtless that this was the preparation exhibited for the purpose in cases of constipated bowels. Ashamed is the author to confess, that he and others utterly ignorant of the subject, and refusing to inform themselves by actual experience, not merely suspected but asserted, that men of unimpeachable integrity gave ordinary drugs, under a feigned name, for the purpose of producing certain effects. In whatever else we differed, we cordially agreed in denouncing the entire system as quackery, delusion and imposture, and as a necessary consequence, excluded its professional advocates from our societies, whether scientific or social. We did not stop to ask, whether there was or was not *truth* in Hahnemann's proposition, if there existed a *law* for the administration of medicines, but our vials of wrath and contempt were poured upon the devoted heads of his followers, for the unpardonable innovation of administering drugs in inconceivably minute doses. We probably should not have evinced such an amount of irritation at the simple announcement of "*similia similibus curentur*," but to attempt to cure acute disease by such unheard of means was so absurd (thus we in our ignorance spoke and wrote), that none but fools or knaves would trouble themselves with the brief investigation, necessary to prove the falsity of Hahnemann's notions. We never could separate Hahnemann's law from infinitesimal doses, although we might have been informed by a tyro in homœopathy, that Hahnemann practised according to his promulgated law, for years ere he adopted the practice of minute doses. Without trying the effects of remedies upon this principle, we publicly declared the entire band of homœopathic practitioners, (most of whom held legal diplomas, many of them from our own Alma Mater), as unworthy of our society; by these acts we virtually if not really, asserted that they were banded together to propagate a delusion and a fraud. What a proof this was of our own

extreme credulity! and of the "characteristic obstinacy of the medical profession."

The conscientious, highly educated and accomplished follower of Hahnemann, whose only object was to substitute in therapeutics, certainty for uncertainty, order for confusion; this man, we repeat, was treated as a Pariah, an outcast. Homœopathy was always pronounced to be on the wane; nevertheless, we found to our cost that it took from us our best patients; we fondly hoped that these mis-guided people would after a little time return to their former orthodox creed and practice: but, no, they not only deserted us, our cathartics, sudorifics, alteratives, derivatives, blisterings, bleedings, et illud genus omne; but charmed with the superiority of their new favourite, in the most unkind manner, they persuaded others to follow their example. The homœopaths were bold enough to open a dispensary, and strange to behold, the *poor* flocked to it; we had comforted ourselves in the belief that, whatever whim the aristocracy might choose to pursue, the *poor* would certainly not become converts.

The young and talented members of our schools of medicine embraced and enthusiastically advocated the principles and practices of homœopathy, and asked us to explain how it was that the proportional recoveries of cases of Asiatic cholera and pneumonia, (*proved* to be such, not merely by the advocates, but likewise by the *opponents* of homœopathy), in Dr. Fleischmann's hospital, at Vienna, so far outnumbered those of the allopathic or old school practitioners. These figures were extremely awkward, *we* were comparatively powerless in the treatment of Asiatic cholera, at least in its advanced stages; whilst the homœopathists were often successful. The Vienna hospital was a public institution, any physician might visit it, and not only ascertain the truth or falsehood of the statistical returns, but also see the effects of the infinitesimal doses. *We would not* be convinced. Not being able to *deny* the recoveries, we attributed them to the more healthy site of the hospital, the more abundant supply of attentive nurses and of comforts to the sick, and with these so called reasons we dismissed the statistics of cholera. Those of pneumonia remain to be accounted for: we satisfied ourselves with asserting that Fleischmann was not skilled in auscultation, that slight

cases of bronchitis would be set down as pneumonia and be classed amongst its cures. Mr. Wilde, a surgeon, editor of the *Dublin Quarterly Journal*, and author of the work "Austria and its Institutions," who is not a homœopathist, states that he witnessed the treatment of cases of pneumonia in Fleischmann's hospital, and that these cases were as acute and virulent, as those which had come under his observation elsewhere; that whilst the mortality for 1838 was not more than five or six per cent., three similar institutions on the alloëopathic plan shewed a mortality as high as from eight to ten per cent.

In answer to this and the testimony of Dr. Balfour, as published in the *British and Foreign Quarterly Review*, we comforted ourselves that pneumonia was curable without drugs, that this was the secret of the cure, and not the administration of Homœopathic preparations. A little reflection would have convinced us that this was a somewhat dangerous argument to broach, by men ordering calomel, opium, tartar emetic, leeches, venesection, blistering, &c. &c., for however disposed we were to talk thus amongst ourselves, we never adopted the *laissez-faire* mode of practice when our patients required our professional assistance. And it cannot be denied that such arguments (if they be worthy of the name) were they sound ones, tell more against alloëopathy and its advocates, than against Hahnemann and his followers, inasmuch as the former used violent means which they consider to be unnecessary. Such a mode of reasoning has been not unaptly likened to a man passing a sword through his own vitals, in order to injure his adversary. But *any* testimony, however strong, however clear, was unavailing to us; the mists of prejudice, deep-rooted inveterate prejudice shrouded our mental vision as with Egyptian darkness; every misrepresentation was had recourse to, and satisfied us; we despised homœopathy, called Hahnemann a cheat and a nostrum vender, eagerly clutching at a non-authenticated piece of gossip, and delivering upon this a verdict, the evidence for which would have been deemed insufficient by any twelve intelligent and unprejudiced persons, and which, even if it had been true, could not have tested the merits or demerits of the homœopathic law. Had we really been desirous of knowing Hahnemann's character,

in its moral as well as its professional relation, we could have been sufficiently informed by men of reputation, his cotemporaries—yet not homœopathists.

Marmaduke Sampson, Esq., in his very able essay entitled—“*Truths and their reception, considered in relation to the doctrine of Homœopathy*, (a work as well as others of the same talented writer, by which the writer's impressions upon the subject were greatly strengthened) has collected a number of testimonials from well known persons in various parts of Europe.

The venerable Hufeland, acknowledged the highest personal respect for Hahnemann. Valentine Mott, the eminent American surgeon says:—“Hahnemann is one of the most accomplished and *scientific* physicians of the present age.” Dr. Uwins and Mr. Kingdon of London, considered that Hahnemann was worthy of the thanks of the profession, for his unwearied industry in ascertaining the properties of medicines.

Dr. Sigmond speaks of him as a man of high intellectual attainments, of great sagacity, of inflexible courage, and of unwearied industry.

Dr. Forbes bears a similar testimony, and we are inclined to think that the evidence of these gentlemen is sufficient for the purpose.

The author's suspicions that homœopathic medicines had really some action, were first awakened in 1844, by one of his patients, an Oxford student, calling upon him during the long vacation. This young gentleman had been for several years under his care for a heart affection, which had caused himself and his family considerable anxiety. Consultations had been held with practitioners of high standing in Edinburgh, and he had been actively treated *secundum artem*, by depletions, digitalis, counter-irritants, &c. &c. He told the writer that since he had last seen him, he had been under the care of an homœopathic physician. “Well,” was his but ill-pleased Doctor's reply, “you did not experience any effects from his sugar-plums!” “Pardon me, Doctor, the effects were very perceptible.” This answer appeared somewhat strange: is it possible that a decillionth of aconite can produce any sensible effect? He passed away to Oxford, his

physician remaining unconvinced, attributing the consequences of the remedies to something given clandestinely: a refuge to which he and those like minded with him, invariably betook themselves, and he remained obstinate, notwithstanding that his patients continued to desert him for the homœopathic practitioner. Occasionally we heard of a death occurring in the practice of our rivals. This furnished ample scope for our eloquence. The man has been murdered! a case of inflammation has terminated in death! of course, what could be expected,—the man was not bled; we spoke and wrote as though a fatal termination was a *novelty* amongst us Solons of the allœopathic school. Then one of our brethren exulted over a performance of his own, which we all maintained satisfactorily settled the question of the action of infinitesimal doses. This worthy doctor actually did a homœopathic physician the honour of sitting at the same table with him, at the house of a mutual friend; their worthy host's hospitality had the effect of somewhat dispelling the frigidity of the worthy allœopath, who, after dinner, accosted his erring brother, and asked him for an inspection of his pocket medicine case: it was immediately handed to him. Selecting the tube labelled *nux vomica*, he had the hardihood to pour the contents into his palm and swallowed them, looking for the approving smiles of the assembled guests. This was too good an incident to be lost, we in our absolute wisdom proclaimed it far and wide. Do you *still* persist in believing that these globules contain what they profess to do; if they really consisted of *nux vomica*, do you not suppose that some visible result would have followed the swallowing of so many? These were the queries put to our homœopathic unprofessional friends, *unprofessional*, observe, for otherwise the solution of the apparent difficulty would have been very easy. For it is only under certain *morbid* conditions that these medicines act by their peculiar affinities. A child at the time not susceptible of the disease, may be exposed to the contagion of scarlatina, small pox, or other of the exanthemata without contracting the disease; yet a similar exposure a month afterwards, may be followed by the development of the malady: or three men might be bitten by the same rabid dog, and but one of them

sicken with hydrophobia; would any one from this deny the malignity of the virus? Besides it is a well ascertained fact that small doses of medicinal substances will frequently produce more powerful effects than larger quantities of them. To test the action of infinitesimal doses is purely a matter of experience, and it is in the power of any one to satisfy himself on the subject. We also attributed the so-called cures to the effect of imagination: although many cases of recovery from acute diseases, in children, could not with any fairness be attributed either to mental or moral causes: but the fact was, we *would* not allow that homœopathy could cure, and it was therefore settled by us that it *should* not. All cures were attributed to any cause but the right one, although recoveries under allopathic remedies were readily enough allowed to be the effect of the remedies employed, nor in spite of our assertions that diet alone would cure disease, did we ever trust to it exclusively in severe maladies. The press now began vigorously to send forth its productions upon the subject; but, although a reader of the surprising effects narrated, scepticism was yet in the ascendant. In the summer of 1848, the writer was led by circumstances to join a highly respectable practitioner in Alnwick, and he with great regret left Edinburgh. In the quiet locality to which he now removed, he ceased to think of homœopathy, and hoped to pursue his vocation unmolested by that pestilent heresy; although, occasionally meeting with it amongst the higher classes of society, nothing else in the town or neighbourhood induced him to pay any greater attention to its claims; nor indeed, to trouble himself about it at all, further than to lend to the few who advocated its principles, certain publications opposed to them. But, he could not avoid reading of the opening of hospitals for the reception of patients labouring under acute disease, and of the invitation to the medical profession to witness their treatment. This course of proceeding seemed to be a somewhat unusual one for quacks to pursue, and besides this, ever and anon, he received communications from friends and former patients, many of whom he knew to have been once opposed to homœopathy, but who now informed him of the benefit which they had received from it. He also observed that the number of well educated medical practitioners

practising upon the homœopathic principle, was yearly on the increase. He remembered that when a student at the *Ecole de Medicine* in 1831, there was but *one* homœopathic practitioner in Paris, Dr. Quin, and that he removed to London. Contrasting that state of things with the present (1849), he remarked that in London there were upwards of thirty homœopathic practitioners; in Paris a considerable number; throughout Germany, its birth place, and under the sanction of the reigning powers, it was rapidly increasing; that in America, they were to be counted by hundreds. That amongst these practitioners were men of unquestionable character and reputation, many of whom had for many years successfully practised according to the old system, and many others who determined to try whether there was any, and how much truth existed in it, had their doubts removed so far as to there being action in the infinitesimal doses. Space will not allow of the writer's giving a list of them, he will mention the names of some in Britain:—Dr. Uwins, Mr. Kingdon, Dr. Millingen, and Professor Liston, in London; Professor Henderson, in Edinburgh; Mr. Ramsbotham, Mr. Smith, and Dr. Wright, in Huddersfield: the three latter adopting its practice exclusively. Dr. Uwins and Mr. Kingdon brought the subject before the London Medical Society, the latter detailing several cases in which the homœopathic remedies were of signal service. The thanks which these gentlemen received for their attempt to diffuse information upon this subject amongst their brethren in a legitimate manner, were rudeness and reprobation. Dr. Uwins was assailed as a madman, and when Mr. Kingdon had concluded his interesting paper, one member said that—"he thought that all homœopathized patients were cured by nature"—another that he did not believe in it—and a third, that "it was all humbug;" and as an appropriate finale to the proceedings of this meeting of philosophers, a tacit understanding was come to, that the subject *should never again be mooted in that assembly*. The author found that the profession in Edinburgh and London resembled each other in the opposition which it offered to a proposed improvement in therapeutics. He acknowledges, that so far as he is concerned, he was as much to blame as any of them; and the only reparation which he has it

in his power to make, is this confession of the melancholy fact. These circumstances coupled with the increasing want of confidence in the ordinary practice, led him to the determination of *secretly* testing the monster, and of publishing the results of his trials. He believed that by so doing, he should be convinced of the fallacies of homœopathy, and that any doubts of their existence would be speedily dispelled, and his mind set at rest. His determination to test it was strengthened by attentively considering the letter of his late ever to be lamented friend, Dr. Andrew Combe, whose writings are so widely known and so justly appreciated in Europe and America. Dr. Combe had no cause to serve but that of truth. Truthfulness was his characteristic. The writer knew but too well, that so far as the uncertainty of medicine was concerned, he could scarcely be worse off, for professional intercourse (and this was considerable) with many eminent practitioners, had not tended to increase his confidence in drugs nor in medicine generally; nor did Dr. Forbes give him comfort, when he issued his celebrated number of the *British and Foreign Review*, containing the well known article entitled—"Homœopathy, Allopathy, and Young Physic." In order to take his first step with every precaution, the writer acquainted his friend Dr. Russell of Edinburgh with his difficulties, and received from that gentleman every direction for the proper investigation of the homœopathic practice; he likewise went to Newcastle and introduced himself to Dr. Hayle, who received him with his wonted urbanity, and advised him, if he wished to be speedily convinced of the *power* and efficacy of homœopathic preparations, to select for trial *acute* cases of disease. He returned and commenced his investigations, carrying them on in such a manner, that with scarce an exception, his patients were ignorant of his proceedings, and did not suspect any deviation from ordinary practice, save that they were agreeably surprised to find themselves cured and relieved by medicines tasteless and colourless. The result of his first trials utterly confounded him. Acute inflammatory cases, of such a description, as are by consent of all authorities in medicine, ordered or recommended to be treated by bleeding, either general or local, and other debilitating measures, yielded

much sooner to the homœopathic remedies appropriate to each case. One of the earliest of these was the following instance of

Bronchitis.

Mr. P.'s infant, aged six months, residing two miles from Alnwick, was seized on the 26th of March, 1850, with cough and dyspnœa; attended with thirst, hot skin, and quick pulse. Domestic remedies, such as antimonials, castor oil, friction with Bow's liniment, had been resorted to, but as the symptoms increased in intensity, I was hurriedly sent for, early on the morning of the 29th, and found the infant lying exhausted in her mother's lap, suffering from cough, short, harsh, dry, and constant in its character; dyspnœa urgent, the nostrils dilating widely at each inspiration, skin hot, the pulse much accelerated; she could not take the breast. Tinct. Aconiti and Ipecacuanhæ, one drop of each was ordered to be given alternately every quarter of an hour. Relief was afforded within an hour. A messenger was sent to me, to prevent a repetition of my visit in the evening. I saw her the next morning, and ordered her Hepar sulph. This completed the cure. She did not require a third visit.

When I prescribed for this case, it was with the determination that it should be the *experimentum crucis*; and that if a mitigation of the child's sufferings did not speedily take place, I would abandon the homœopathic treatment, and resort to the old system of leeching, emetics, &c. &c. Neither imagination nor diet could have had any share in the recovery; for the patient was an infant, and its only diet its mother's milk; and the same remarks will apply to another case, occurring at the beginning of this year.

Mr. B.'s infant, aged six months, a stout plethoric child, was taken ill on the 20th of January, 1851, with cough and febrile symptoms. I saw him on the 22nd, the cough was dry and constant, face flushed, hot skin, quick pulse, and constant thirst. Tinct. Aconiti and Bryoniæ, one drop of each was ordered to be given alternately every half an hour. The patient was relieved before the evening.

January 25th.—The cough being still somewhat troublesome, and accompanied with mucous râles over the chest, Tinct. Ipecacuanhæ, gtt. vj. was given in divided doses: the child required no further treatment.

A third case affecting the respiratory organs likewise occurring in a child, who knew nothing of homœopathy shall here be inserted.

I was sent for on the 30th of September, 1850, to see Miss M. R.,

set 12, who was affected with bronchial irritation, fever, headache, and spasmodic cough. Aconite was taken throughout the day, in one drop doses. My opinion given to her sister was, that something more serious than ordinary cough was impending. Tinct. Bryoniæ was administered the following day; in two days, whooping cough was fully developed; Tinct. of Nux vomica was now prescribed in drop doses, and this had a marked effect upon the character of the cough: in ten days she was quite well and returned to school. No other medicines than the above-mentioned were administered. A slight return of the cough took place after exposure to a cold east wind, but Ipecacuanha in one drop doses gave relief within two days.

Another case of a different character tended to make him still more satisfied with the superiority of homœopathic practice.

Cerebral Convulsions.

On the 30th of January, 1851, I was requested to visit Mr. H.'s son, aged 13 months: he had been seized previous to my arrival, or that of another practitioner, (who in my absence had been sent for,) with general spasms of a violent character, accompanied by insensibility. The muscles of the face I was informed had been distorted, and the thumbs turned inwards towards the palms. When I saw him the face was very pale, and covered with a cold sweat; the gums were swollen from the pressure of the molar teeth upon them. I scarified the gums, ordered cold to be applied to the head, and administered Tinct. Belladonna, one drop.

31st.—Has had a restless night, continued thirst, at noon the convulsions returned.

Ordered Tinct. Ignatiæ one drop, to be taken immediately, and Tinct. Coffeæ one drop, to be administered in the evening for the purpose of producing sleep. From this time the spasms did not return, and convalescence rapidly took place. The teeth did not pierce the gums for several weeks afterwards, so that very little if any benefit, could have arisen from the scarification of the gums, and I did not resort to it in the second case of difficult dentition occurring in Mr. S.'s child, aged 11 months. He was suffering from cough, hoarseness, hot skin, thirst, and restlessness; the eyelids were glued together with muco-purulent matter, and he was much griped. Castor oil had been given to him before I was sent for. Ordered Nux-vomica, two globules, third dilut., to be taken every four hours. The next day I found him much relieved; excessive thirst was his chief ailment. Chamomilla was ordered, and the child was convalescent on the following day.

The efficacy of minute doses of Chamomile, is strikingly exemplified in the two following cases :

Mrs. P.'s child was seized (without any evident cause) on the evening of February 7th, with pain of abdomen and vomiting. Chamomile two drops, in divided doses, was all that was required to relieve him.

The second case was Mrs A.'s child, who sent for me on the evening of April 21st, 1850. He was complaining of pain in the stomach, accompanied by vomiting; the cause assigned was eating "early greens." One drop of the Tinct. Chamomil., gave immediate relief.

So soon as I was convinced that the homœopathic preparations, administered according to the homœopathic law, were more efficacious in curing acute cases of disease than the old method of practice, I corresponded with several of my medical friends of the allœopathic school, mentioned my experience on the subject, and requested their opinions. *Not one met the case on its merits*; one ridiculed the idea that such effects could possibly result from a decillionth of aconite, &c.; another dismissed the subject very summarily by saying, that "he knew nothing whatever of homœopathy, but that he considered the administering of such small doses in really dangerous cases to be a trifling with human life;" another's response was to this effect—"I have seen some narrow escapes from homœopathic treatment." One friend, whilst opposing homœopathy, made this somewhat remarkable admission—"I have no doubt but that patients will get well sooner under the homœopathic treatment;" a fourth saw no objections to my continuing the investigation secretly, believing that a return to my "first love" would be the result of a more extended experience.

Several of my patients of the higher ranks asked me whether I was practising homœopathically. I replied in the affirmative, but added, that as yet my mind was not sufficiently decided upon the matter; they did not care how I treated them providing I did so conscientiously; and all my medical correspondents urged me not to proclaim my "perversion" (so they termed it) until a few months longer should have passed away.

The following cases are a few selected during those months of probation.

Scarlatina.

Mrs. L., near Alnwick, sent for me on the 20th of August, 1850, to see her niece. I found her labouring under a smart attack of scarlatina, with swelling and redness of the tonsils and fauces. Belladonna Tr., six drops, was all that was required to cure her; her recovery was so rapid and complete that it was only requisite for me to see her twice.

The cases which follow occurred in adult subjects; they did not, with one or two exceptions, suspect me of any homœopathic tendencies, they having formerly heard me express myself strongly against it. Imagination, therefore, cannot be considered an element in the result; but let it be borne in mind that there was no concealment on my part when questioned.

Hemiplegia with Cerebral Congestion.

D. T. Esq., aged 62, residing four miles from Alnwick, has had two attacks of paralysis in Edinburgh; he is now hemiplegic. On April 20, 1850, I was summoned to see him. He complained of headache and noise in the ears; the eyes were dull; the conjunctiva injected; pulse 90, full and bounding. He presented the same appearance (so Mrs. T. informed me) prior to his last attack; he has been accustomed to take Colocynth pills for the purpose of relieving constipation. Lachesis, six doses, of three globules each, relieved him in a week, and his health has been uninterrupted (with the exception of his hemiplegic constitution) ever since.

Congestive Headache and Catarrhal Ophthalmia.

Miss —— had for some years suffered the infliction of an issue in one leg, in order to avert headache and ophthalmia (which desirable result, however, it failed to produce). At my recommendation the issue was healed. Pulsatilla gave her relief. The ophthalmia does not return, and the headache is much less severe in its character.

Catarrhal Ophthalmia, with Ulcer of the Cornea.

Miss —— sent for me to Alnemouth, July 18, 1850. She was suffering from inflammation of the conjunctivæ, accompanied by a febrile state, profuse lachrymation, and intolerance of light. On the right cornea was a small ulcer. Aconite and Belladonna were the remedies at first employed; afterwards, Sulphur, Calcareæ, and Silicea. She completely recovered.

Bronchitis.

Miss K. was seized on the 19th of March, 1850, with severe frontal headache; pain in the sternum; increased by deep inspiration; frequent hard cough without expectoration; quick pulse; thirst, and hot skin. Aconite and Bryonia were administered alternately every three hours. Before the expiration of twelve hours, a marked remission of the symptoms took place, followed by refreshing sleep. Mercurius, Sulphur and China, were the only additional remedies resorted to.

Cynanche Tonsillaris.

Elizabeth R., aged 21, was suffering on January 14, 1851, from inflammation and swelling of the cellular membrane of the fauces and tonsils, accompanied by fever, difficulty of swallowing and speaking. Aconite and Baryta carbonica cured her in twelve hours.

Gastrodynia.

Isabella S. is subject to pain in the stomach after eating, with occasional vomiting of food. Pulsatilla, Sulphur, and Baryta carbonica cured her: up to the time of my last seeing her (eleven months having elapsed) there has not been any return of the disorder.

Gastrodynia and Hematemesis.

C. B., a servant girl, left her place on account of severe and continued pain in the stomach, accompanied by frequent vomiting of food. She had been under medical treatment, and had swallowed a large quantity and a considerable variety of drugs without deriving any relief. She had resided in the country for six weeks with her mother when I first saw her, on the 22nd of December, 1850, but was not better. Pulsatilla immediately relieved her, and followed by Sepia, completed the cure. Three months afterwards she went to service in the country; her complaint returned, and in addition to the former symptoms, she threw up a large quantity of dark grumous blood. I ordered her Bryonia, which completely relieved her.

Dyspepsia, Anorexia, and Vomiting of coffee-coloured fluid.

Miss — has been the subject of this affection for several years; she is opposed to homœopathy, but I persuaded her to try Nux vomica, which gave her greater relief than any former remedy.

If imagination had any influence in this case, it certainly was not exerted in favour of homœopathy.

Vomiting and Acute Pain in the Stomach.

Miss —— residing some miles from Alnwick, was seized on the night of January 17th, 1851, with constant vomiting and violent pain in the epigastric region, increased on pressure. She attributed her illness to having eaten boiled greens at dinner. Repeated draughts of tepid water emptied the stomach, but nothing except bile was ejected. I saw her at 3 A.M. and gave her Chamomilla Tr., one drop; two doses of this relieved her. The next day, on account of headache, Pulsatilla was given, and three doses of Sulphur on the following day; convalescence was then complete.

Gastrodynia and Vomiting of Food.

Miss —— residing in the country five miles from Alnwick, has for a long time been subject to anorexia, pain in the stomach after eating, and headache. She has during this period become emaciated and desponding.

I saw her on the 18th of January, 1851, and ordered her three doses of Sulphur, followed by Sepia, twelve doses.

27th.—Saw her again. The appetite has improved; pain of stomach has ceased; vomiting occurs more rarely.

Feb. 4.—Continued improvement; complains only of debility. Ferrum, eight doses.

Neither pain nor vomiting has returned up to this date March 21st.

Cholera Britannica.

Several cases of this affection came under my treatment in May, 1850. I have selected for illustration the following.

Miss B., aged 14, was attacked on the 12th of May, 1850, with vomiting, purging and tenesmus, hot skin, quick pulse and thirst. Belladonna, Antimonium, Rhubarb, Sulphur, Nux vomica and Calcareia, were administered in succession. Her convalescence was complete in eight days, not requiring tonics to restore strength.

The disorder was epidemic, and under the ordinary treatment was much longer in its duration.

Miss B., a phthisical subject, was seized, on the 9th of August, 1850, with vomiting, purging, accompanied with coldness of the extremities. Veratrum and Arsenicum were given, and she was convalescent on the 14th.

Mr. —— brother of this lady, was taken ill with somewhat similar symptoms on the 11th of August. Mercurius restored him in two days.

Miss G. was seized, on October 31st, 1850, with the ordinary

symptoms of autumnal cholera, attended by smart fever, face flushed, pulse 110. Aconite, Veratrum, Arsenicum and Ipecac., relieved her in four days, and she regained strength immediately without any other drugs.

I could add several similar cases, one of a lady, aged 80, but it is unnecessary. I will merely remark, that, with one exception, all were alike ignorant of their being the subjects of homœopathic treatment.

Pleurisy.

Mrs. R., residing two miles from Alnwick, was seized on January 19, 1850, with pleurisy of the right side of the chest; respiration much impeded; pulse strong and frequent; hot skin, with thirst. Aconite and Arnica alternated relieved her in two hours. The cough yielded in a day or two to Ipecac.

Neuralgia Facialis.

Miss — has been for years subject to severe attacks of facial neuralgia, accompanied by swelling and redness of the lining membrane of the mouth. She had been treated by leeches and various remedies, but the paroxysms yielded slowly, and great prostration of strength was the invariable consequence. I was called to see her on the 17th of March, 1850, and ordered her Belladonna, three globules every quarter of an hour; within two hours, relief was afforded, and the cure was completed by Arsenicum, succeeded by Graphites. No tonic nor any other remedy was required, as had been the case invariably after former attacks.

A lady who knew of the preceding case sent for me; she was suffering in a similar way; she suspected that homœopathic remedies had been employed upon her friend. I told her that her suspicions were correct. She was not anxious to have them used in her own case, but I overcame her scruples; her thankfulness and surprise for the complete and speedy relief afforded by Belladonna was to me most gratifying.

AFFECTIONS PECULIAR TO FEMALES.

Threatened Abortion.

Mrs. A. (who had previously miscarried at about the same period), was about thirteen weeks advanced in pregnancy. She was seized on the night of Sunday, April 9th, 1850, with bearing-down pains, and sanguineous discharge. Homœopathic preparations and doses of Belladonna, Aconite and Opium, cured her, and gestation went on to the full period.

Puerperal Inflammation.

Mrs. G. was seized on June 23rd, ten days after delivery, (under the superintendence of a midwife), with shivering and pain in the uterine region, increased on pressure, attended by suppression of the lochia, and mammary secretion. Tongue was red and glazed,—pulse 110, with constant thirst; anxiety and suffering were depicted in her countenance. Aconite, Chamomilla, Nux vomica, and Calcarea were successively administered. She was convalescent on the 30th, and has continued to nurse her infant.

Odontalgia.

Several cases of almost instantaneous relief have occurred to me; I will relate the particulars of only one.

I was called to Master B., suffering from violent tooth-ache, arising from two decayed molars, in the right side of the upper jaw: the gums were hot and swollen. Belladonna and Aconite taken alternately every quarter of an hour, afforded speedy and permanent relief, and extraction by the surgeon was rendered unnecessary.

It would occupy too much space to give details of many *chronic cases* in which I was satisfied of the superiority of the homœopathic practice. In diseases peculiar to women and children, in the protean forms of hysteria and dyspepsia, (some of the latter affections we have reported already,) we have in our materia medica resources of the most satisfactory kind. In one case always present to my mind, the sufferer who had for long been the victim of daily and nightly opiates, has not for more than twelve months taken a particle of this drug, pain and restlessness having been most effectually relieved by homœopathic preparations *alone*. Those conversant with the distressing sequelæ of opiates, can readily appreciate the greatness of such a boon.

One case of anasarca I will relate, simply because the subject of it, a man aged 65, had been under alloëopathic treatment without gaining any relief by it.

When I first saw him, his legs and feet were very much swollen, and œdematous, ascites likewise existed. The urine was scanty, and of a deep red colour. After taking Bryonia Tinct., one drop twice in the day, followed by Pulsatilla in the same doses, the swelling almost *entirely* disappeared.

Profuse discharge of mucus from the nostrils.

A lady the subject of this troublesome affection, consulted me respecting it. She was cured by two doses of *Nux vomica*.

Rheumatism and Sciatica.

Thomas R., aged 45, had been confined to the house for two weeks, but had suffered from rheumatism for some weeks prior to his keeping within doors. I found him unable to walk, complaining of muscular pains in the back and loins, with severe pain down the course of the sciatic nerve. Two days after taking as many doses of *Bryonia*, he was at his out-door work, and has continued to work ever since.

Had I continued to entertain doubts upon the reality of action in homœopathic remedies, this would have been removed by the following proof.

I gave a lady for a chronic affection, *Mercurius* 9 globules, divided into three doses; upon calling upon her a few days afterwards, she told me that salivation had ensued.

Let it be remarked that she was ignorant of the remedy prescribed, and moreover believed that homœopathic medicines were inert.

The foregoing cases then, each one treated by myself alone, convinced me that all my pre-concieved opinions upon homœopathy were erroneous, for it was to the *action* of the remedies administered that the results were due.

The *diet* was not altered in the case of children at the breast, nor in the cases of those adults unconscious of my treatment could *imagination* have exerted the slightest influence?

But even if these powerful auxiliaries have assigned to them an undue share of influence, I would ask my allœopathic brethren, whether they believe that *imagination* will cure cases of acute disease, the rapid subsidence of which, under homœopathic remedies is astonishing, and can be attested by thousands. Or will diet, however restricted and well regulated, be effectual for the same desirable end, (and let it be observed, that in the two cases of infantile bronchitis which have been detailed, no alteration of diet could have been made), and the disease only began to yield (and then did so) upon the administration of the homœopathic medicines. But if this line of argument be per-

sisted in by our brethren, or the assertion that the *vis medicatrix naturæ* is the cause of recovery, we reply—be consistent then, do not continue to administer the nauseous and hurtful compounds to your unhappy patients, if you think that the disease can be removed by the combined influences of diet, imagination, and nature; do not injure their stomachs by calomel, jalap, and other potent drugs; nor resort to bleeding, blistering, nor such like violent measures. Surely, those who in sincerity advance such arguments, would do well to ponder, whether they may not easily be turned against themselves, and the subjects of such unpleasant experiments may with reason say,—gentlemen, leave us to the more agreeable remedies of imagination, diet, and nature.

But we have been not a little surprised of late, to find that the once oft re-iterated objection to the employment of homœopathic remedies in acute and dangerous cases, has been succeeded by attempts to frighten our patients, by telling them, that although the seat of disease may be, and is reached by homœopathic remedies, (for the evidence of this is beyond dispute,) yet, that this is effected at the expense of the constitution. Some of my patients informed me, that medical men told them by way of warning, that the homœopathic medicines were virulent poisons, and that although they removed disease, undermined the patient's system, and shortened his life! One lady assured me so, and another was told that if she persisted in taking the remedies which I prescribed for her, she would die suddenly. Happily these ladies (who were both my patients), were women possessed of ability and will to exercise their reasoning powers, and therefore they disregarded such ridiculous modes of setting aside the question. We told them that if the remedies *were* poisons, doctors of the old school administered the same in much larger quantities: also that Hahnemann who proved so many medicines upon himself, lived to the age of eighty-nine.

A lady, the sister of a friend of mine, a highly respectable homœopathic physician, was gravely told by a gentleman in large practice, that a pain in the region of the heart, with which a lady is troubled, has been caused by the Belladonna given to her by this physician; at another time this same practitioner asserted that this very Belladonna was "nothing."

Strange indeed it is that such contradictory assertions should be made, but we must leave the task of reconciling their discrepancies to the authors themselves.

But another objection is also started, viz., that the majority of the profession is opposed to it; so were the London College of Physicians to Harvey's doctrine of the circulation of the blood. Vaccination likewise was received with distrust, and was opposed. Mr. Sampson in the work before quoted, has shown how those of authority in various departments, such as banking, the post office, the law, have ever been the active opponents of measures of undoubted reform affecting their own vocation, and that therefore it cannot be a matter of surprise that (for reasons easily divined) homœopathy should meet with a similar reception from members of the medical profession.

It is not to the credit of our island, that while the doctrines of homœopathy have arrested the attention and become the study of many learned and experienced medical men in Europe and America, Great Britain is the only country where it has been noticed only to draw forth the most opprobrious invectives. It will not be satisfactory to assert that Hahnemann's theory is absurd and novel. Dr. Millingen (not a homœopathist) asserts in his "Curiosities of Medical Experience," "that Hippocrates laid down in his aphorisms the incontrovertible fact, *duobus doloribus simal obortis, non tandem eâdem in parte, vehementur alterum obscurat*," A. 46. To a certain degree it was upon this assertion, which the experience of ages has confirmed, that Hahnemann founded the principal and most important point of his doctrine; but going much farther than the Father of Medicine, he affirms that similar diseases effectually remove each other. For centuries practitioners have been acting homœopathically; the exhibition of specifics in fact, being nothing else. Specifics are known to produce symptoms similar to the diseases they cure. To increase the number of these specifics has been the laborious and singular study of Hahnemann and his disciples, a study of which Haller had first given the example; and the same author justly states, "that our safest, perhaps our sole guide in the study of disease, is the group of symptoms, that become more and more perceptible during the course of our investigations." Even were

we to discard the theory, we cannot so deal with facts. Let us not care so much about the correctness of his theory, (for the history of medicine affords the almost constant substitution of one theory for another,) as the *success* of the practice. I ask the unprejudiced medical enquirer, to read attentively the "Essay on the homœopathic treatment of the Asiatic Cholera," and the "Narrative of a mission to Ireland during the famine and pestilence of 1847," by Joseph Kidd, surgeon.

Those essays will be found in a volume published under the superintendence of the British Homœopathic Association, by Samuel Highley, 32, Fleet Street, London.

What were Mr. Kidd's auxiliaries for treating the malignant typhus, and yet how marked was his success, as proved by the convincing testimony of clergymen and others who had no interest whatever in supporting the homœopathic practice?

The writer's own experience for nearly eighteen months, the irresistible evidence brought under his notice in his researches, made alike in the writings of those opposed as well as of those favourable to homœopathy, furnished facts upon facts, until an overwhelming array presented themselves. He felt that although there was nothing to prevent his continuing to practise how and in what manner he chose, he was fully convinced that the homœopathic principle was the correct one, and that his own success in practice upon that principle was the most marked in the history of his professional life; he felt that the only honest course to adopt, was the avowal of his belief. He knew that by so doing he would draw down upon him the anger of his former professional friends, that would for a time at least, endanger his professional reputation, and separate him from all existing professional ties. On the other hand, he dared not relinquish those remedies, the mode of administering which he had found so efficacious in curing rapidly and safely so many forms of disorders. He was told that to avow himself an homœopathist, would be to take a step fatal to his reputation as a scientific physician, but the words of Dr. Baillie (as truly a scientific man as any of his successors) were strongly impressed upon his mind, "tell me what will do my patients good, and I will give it to them." Estimating so highly as he does the homœopathic practice, it

will not be considered a matter for surprise that he should consider it his duty resolutely to defend it, and diligently to propagate it, and this he is determined to do, uninfluenced by the frowns or even threats of those with whom he was not long since on terms of intimate friendship. His only wish is the removal of the prejudice which prevents their investigating the subject; an investigation, which if pursued with a determination to arrive at the truth, he is convinced must result in a firm belief of the greater certainty, and therefore incalculable superiority of the homœopathic practice in the removal of disease: or if this be not practicable, at least, of the more effective relief of suffering.

To call Hahnemann and his followers quacks, is merely to say that which is false. A system of therapeutics which is based upon observation and experience, which has been tested by various persons in different parts of the globe; these persons publishing to the world the results of their investigations, these results agreeing remarkably with one another, can this with justice be called quackery? It pretends not to possess a universal remedy for the various ills that flesh is heir to; it does not conceal its remedies, on the contrary, it publishes them without reserve, and invites all the members of the medical profession to test its truth or its falsehood for themselves. Take Aconite for example, in infinitesimal doses, administer it as we have frequently done to an infant at the breast, so as to exclude any supposed effect of the imagination, it will be found to be an indisputable fact, that this medicine in this very minute dose, will subdue inflammatory action more effectually, more quickly, more safely, than any other known means. Every practitioner may convince himself of the truth of this assertion. It was the testimony of so many enlightened and honest men, professional and unprofessional, that first led me to investigate the subject, and others I believe will from similar reasons, be led to adopt a like course; what the result will be, it does not require to be told. Truth will prevail.

YORK, June 1851.

DISEASES CAUSED BY MENTAL EMOTIONS, AND THEIR HOMŒOPATHIC TREATMENT.

BY J. MILLARD, M.R.C.S.L., L.S.A., H.E.I.C., &c. &c.

(Read before the Hahnemann Medical Society, April 1st, 1851.)

WITH what increased satisfaction, confidence, and pleasing anticipation as to the results, a medical practitioner attacks disease, who has embraced and takes for his guide the divine law of healing with its remedies, as discovered by the illustrious Hahnemann, no one can estimate but the homœopathist. If the results be so satisfactory in fifty years, grant that there be but steadfastness in adhering to the truths and principles it inculcates, and we can in some measure estimate what homœopathy will effect under God in another fifty years. But methinks all the world can understand the achievement effected and the boon received from its great author, by a comparison. Let them consider what would be the experience, so full of failure and disaster, of that architect, who had all his life raised or attempted to raise his buildings, and laid down or attempted to lay down his water courses while ignorant of the law of gravitation, or of hydraulics, or the plumb-line, and what his delight and the certainty of the results after discovering and applying to his art these natural and unerring, unvarying guides—the established laws of God and of nature.

Now as the architect, if seeking to be so guided by the law of nature, should fail to find the expected results after laying down his canals or course of sewerage, yet should never dream of questioning the established laws of gravitation, or hydraulics, and the use of the plumb-line, so, neither will the servant of nature, the scientific and divinely guided homœopathist, question the law of healing and homœopathy. Methinks it is with the same confidence the homœopathist should approach the treatment of every disease as far as dependence upon the truthfulness of nature's established law, though our success will be agreeable to the range our remedies may take, be they the

application of remedies already long in use, or the discovery of those new to us, but brought out to light by the researches of Hahnemann and his followers, and all by occasion of their provings, conducted with much perseverance and care.

Every variance from health is disease, whether in mind or body. Now as to our remedies, we maintain, agreeable to that *sacred* statement put interrogatively—"Is there no balm in Gilead? Is there no physician there?"* that for man's use, to the servant of nature, the homœopathist, there is provided in nature a remedy for *every* disease, or variance from health; bounded only by the corrupt tendency of a dying man, and the wisdom of the All-wise Disposer of events. Man, we know, is born with disease inherent in every part, but developed in some persons at an early age, or with increased force at one time than at another. Some inherit from their parents ailments or disease, of which, though the seeds may have ever existed in them, these would have laid dormant had not their habits nourished them into manifestation, and then so entailed them upon their children; others derive by contact that which they might have lived out their life without knowing its power; whilst other men give indications of disease in a susceptibility for receiving a strong impress from external influences that affect most persons but little or not at all. These remarks serve to account for or bear upon the subject of the cause of strongly and easily excited Mental Emotions, or which lead to different symptoms that give evidence of a greater or less degree of Sickness, and impress upon our minds the importance of noting and avoiding, as far as practicable, remote and exciting causes of cerebral or nervous affections, or of those things which may induce them. Perhaps no diseases the homœopathist seeks to combat give more satisfactory results, if we take into consideration the small amount of help or cure effected by allopathy, than do those consequent upon Mental Emotions, or affections of the brain and nervous system. What a list of ailments and diseases resulting from Emotions, or list of emotions the effect of disordered brain and nervous system, have been relieved and cured by homœopathic remedies! and we are encouraged

* We acknowledge a higher application of these words.

to anticipate more marked and wonderful results as we discover and multiply our list of remedies. We may name some, as Coff. Cham. Puls. Ign. Plat. Phos. Phos. ac. Bell. Lach. Nux. Op. Ver. Merc. Stram. Staph. Hyos. Col. Acon. Samb. Ars. Graph. Aur. Caps.

Susceptibility to Mental Emotions, and readiness to receive injury from Mental Emotions, should lead us, we think, to enquire first, as to the health of the parents, and the evidence of this state being congenital in the patient. Naturally, as the cerebrum and cerebellum, with their nervous extensions proceeding therefrom, are the seat of sensation and intellect, and by which, the impress of outward objects and events, whether painful or pleasing, are appreciated, and of which the whole frame is made cognizant, so we should anticipate, as we find is the case, that these are the parts which are *often* specially affected. This, proved among the rest, by those symptoms which we call mental and moral emotions, as well as by other symptoms that follow after the violent mental emotions occur. It strikes me we shall never err, if among the first enquiries we make in a case of extreme Mental Emotion and over-wrought sensation, we examine the state of the cerebrum, cerebellum, and spinal chord, extending our enquiries, as we also may, according to the symptoms named or not, to other parts of the frame.

We know that the brain, and nervous system, and the senses, which owe their faculties to nerves and nervous supply, are the organs which appreciate what is to be known or felt by us; but if the impress made upon them, whether of pleasure or pain, be inordinate or, through their defect, are too strong for their complacent endurance, they will give signs of harm received, either by disorder of their faculties or positive disease. Persons who are called nervous, and have peculiar nondescript complaints, often trace these, if closely examined (a thing we would suggest in all such cases), to some severe onslaught upon the mind or senses. This day I have met with a case of this description, who, on close enquiry, informed me, that in youth she had been trespassing, and being suddenly disturbed, became stone deaf in one ear ever after, and is so at this moment.

The nerves, like the skin, and muscle, and bone, can only bear so much impress and invasion or exercise, without damage. I think the remarks I have made are sustained by the cases to which I would direct your attention, lamenting only they will have so much in their details that is defective; this, however, is my consolation,—it is pardonable if in honesty, seeking to trace and obey the law of the Divine Physician, and using His remedies in His manner, I do so imperfectly. This is an interesting but deep mine! May we search it out!

CASE I.—*Extreme anxiety of mind ending in disordered condition or sub-acute Inflammation of the Cerebellum.*

In 1847, Mr. B., the child of parents both of whose families noted cases of insanity or melancholia, of a sanguine temperament, body not robust from childhood, states that his mother experienced much affliction whilst pregnant with him. His habits in youth had weakened him; had been the subject of fever with cerebral affection; in later years of dyspepsia and disordered liver; more recently had over-wrought the mind and vocal organs by study and public speaking, inducing for a season inability to think much or study, and calcareous deposit in the trachea. These last were removed by rest of mind and body, more generous diet, and milder air. In 1847 he became the subject of much anxiety of mind through difficulties in business, attended too with fatigue of body. This at length induced partial sleeplessness for several nights, and no relief of mind coming to his aid it increased; a sense of crampy pain and ache at the epigastrium; for which, being a homœopath, with the aid of another medical adviser, he took medicines, as Aconite, Ars. Chin. Ver. Bry. Nux. &c. &c. The malady was considered to be nervousness, with derangement of the stomach. Diarrhœa set in, with copious watery discharge, producing exhaustion; the excretions being pale. On attempting to or on dropping off to sleep, a very thrilling sensation passed through his whole frame, which produced great and peculiar distress; sense of heat and general perspiration. Thus attempting to sleep was painful and not desirable; or he could not sleep though he turned on the one or the other side. Cloudiness of mind and intervals of delirium set in. He dwelt much on his former venal tendencies; had great fear of death and of being eternally lost; dislike to seeing friends. Debility, with increased sexual excitement, the indulgence of which produced at the ecstasy,

peculiar—painful sensation in the head, at the cerebellum. No improvement occurring, save a healthier action of the liver and bowels, the nervous symptoms and affection of the head even becoming worse, there was entire disquietude, with much tossing, and multiplication of wants, and much solicitude of mind. The friends questioning the diagnosis, sought the opinion of another, who, upon marking the countenance, enquired carefully if he did not feel some pain in the occiput, which, on being shook, produced little uneasiness. There was now entire want of sleep and restlessness excessive. The opinion thence formed was, that the uneasiness at the epigastrium was entirely sympathetic and symptomatic of an affection of the cerebellum.

Diet beef-tea. Hyosc. $\frac{11}{30}$ was prescribed only, and the result proved the correctness of the diagnosis. The effect produced was very marked. A season of greater distress followed; aggravation of the restlessness, with much talking and great anxiety of mind; frequent rising up in the bed, even every minute, and then lying down;—this lasted for eight hours. Gradually, at length, a disposition to sleep came on, but indulging it as well as the desire, was attended with great and peculiar agony of the frame, as if from the head, accompanied with groaning. Sleep at length got the victory; it lasted two hours, and he then awoke, took some beef-tea, and spoke calmly; directed with prudence some minor domestic matters. Sleep recurred at intervals day and night. Much exhaustion of body, though not extreme, was felt. He took beef-tea at times, and remained calm; improvement advanced. An occasional dose of Aurum was given, and he recovered. For chronic ailments Staph. Nux. Lach. Canth., has been very serviceable since, and greatly restored vigour both to body and mind of this sufferer.

There is every reason to believe that irreparable mischief, and possibly death, would have resulted in this case if allopathy had been used, or an incorrect diagnosis persisted in. How do we underrate homœopathy!

CASE II—*Deafness from Fright.*

Feb. 1851.—Miss G——, æt. 35, is the child of parents both of whom died of apoplexy; she is a sufferer from obstinate deafness, the result of fright. This lady states, her mother whilst pregnant of her, and in good health and of strong mind, became the subject of severe affliction—this produced in her mother exceeding timidity and

constant foreboding of evil, yet only *until* her safe delivery of my patient, Miss G. She has inherited from her mother a very sensitive nervous character—most susceptible to pain and any unkindness—moreover, as a little girl and until puberty, was a somnambulist. Upon the catamenia appearing the somnambulism ceased, though before, she would walk about the house, ask questions and answer—her eyes quite open and very prominent, and return to bed, having traversed the house in her night dress without waking.

Thirteen years since, Miss G. whilst sitting in her room, was roused by the entrance of a lunatic lady, who would have murdered her but that she fled and locked herself up in an adjoining room; the extreme fright was followed immediately by severe beating of the heart, and by a degree of deafness in the left ear, which has greatly increased since, the right ear becoming also affected; she found her friends one day talking to her, of which she heard not a word. Her age is 35; temperament sanguine; hair dark brown; countenance fresh coloured; has had generally good health, she says, though not strong. Soon after becoming deaf she was exposed to much heat near a fire, and thinks she may have taken some cold; she has always a rushing noise in the left ear, as of wind; she has had sufferings from indigestion with palpitation of the heart, inducing pain near the heart, which she thinks arises from the stomach, as the ejection of wind removes it; a sense of faintness attends indigestion occasionally; whilst faint the whizzing in the ear is removed, but it returns on the faintness leaving her. Both her parents died suddenly of apoplexy, and she also has at times a sense of fulness of blood about the head:—headache if much excited; vertigo on stooping; pupil rather contracted; tongue white; pulse 88, soft; sleeps well; dreams much, and even by day if she lies down, which in the day is followed by a stupid feel; dreams of bulls and slaughter-houses; is subject to cramp of the left arm, side and leg, being the same side as the ear first and now most deaf; rather constipated; urine natural; diet simple, is fond of tea.

Pr. ct. Chin. $\frac{m}{30}$ to antidote the tea; Acon. $\frac{2}{3}$, $\frac{1}{6}$ bis die:
and then $\frac{1}{3}$, $\frac{1}{3}$ quotid. in turns with Bell. $\frac{3}{1}$, $\frac{1}{6}$ bis die.

Feb. 22.—Feels relieved in part by the medicine, especially the Aconite was grateful; sleep more composed; thinks she has too much blood because abstemiousness has always suited her best. The Bell. $\frac{0}{1}$ sensibly affected her, though she persevered in its use, inducing

dryness and burning in the throat ; pain in the left side, arm, neighbourhood of the heart (the sound of which is normal) and top of the chest ; a tight feeling about the heart continues to-day ; she now states the catamenia have always been scanty and irregular before 20, and that they were increased somewhat by the fright. The Bell. exerting needlessly a considerable action.

Rx Coff. $\frac{0}{3}$ stat. and repeat if sleep disturbed.

This answered two purposes. It immediately removed the very active pathogenetic effect of the Bell., and then established her an homœopathist by this. She said she learned the suitability of the remedy and the power of its antidote. Hence she is a full convert.

Pr. Puls. $\frac{2}{30}$, $\frac{1}{6}$ bis die.

Feb. 24.—Is convinced she heard better in church yesterday ; thinks her indigestion affects her hearing ; pulse 84, weaker ; tongue rather white ; noise of ears same ; flatulence less ; head better ; catamenia more free this time ; commenced yesterday ; they are generally followed by leucorrhœa ; catamenia give relief.

Repet. Puls. $\frac{6}{3}$, $\frac{1}{6}$ bis die.

March 1.—States she hears better at all times when first rising ; cannot hear so well if she reads or studies ; noise in the ears the same ; no pain in the side and about the heart to-day ; the catamenia lasted six days and increased, and no leucorrhœa has followed ; formerly she used to feel languid and out of sorts, but now very well ; used to feel deafer before the catamenia, not so since homœopathic treatment ; the weather if cold, as is to-day the case, dulls the hearing ; pulse 64 and weak ; tongue rather white ; the head feels stupid and numbed ; bowels rather costive ; dreamt of departed friends.

Stat. Rx Nux. $\frac{11}{30}$ pro constip., Bry. $\frac{11}{30}$ postea.

Cras, Rx Veratrum $\frac{2}{30}$ sicc. and — $\frac{8}{30}$, $\frac{1}{6}$ bis die ;
postea : Puls. $\frac{2}{30}$ in trib. dieb.

March 7.—She now states her health generally is much improved and very good ; has no leucorrhœa ; the heart now quiet on exertion though formerly pain with palpitation ; noise in the ears the same ; has been a long walk and pulse 86, soft ; head uneasy from eating unwisely of fish, hearing in consequence not so well ; the tongue less white ; occasionally has for years had a cracking noise behind the left ear—this occurred two days ago like a report ; still the noise

of rushing wind; the wax has increased in the ears since homœopathic treatment; felt the *Veratrum* searching her frame.

Pr. Lach. $\frac{11}{30}$ h. s. and in six and seven days,
Puls. $\frac{11}{30}$ ss. and in five days.

March 14.—Cannot hear so well with the ear that has been least affected, but better with that most affected, in which she has an itching; has not heard the cracking noise, and could hear a clock tick to-day; says that though no improvement followed the *Ver.* it has the Lach.; occasionally less noise in the ear; pulse 86, soft; tongue rather dirty.

Pr. Lach. $\frac{11}{30}$, cras.—and $\frac{6}{200}$, $\frac{1}{6}$ Aqua. bis die;
Puls. hodie, and in three days.

March 21.—The left and most affected ear improved; the right the same as last report; noise the same; feels occasional rush of blood to the head; thinks she shall have apoplexy, and has for a long time thought so; head heavy where the circulation seems to revert; left arm now and then feels heavy; she states when formerly the heart was affected the left arm was also affected; pulse is 88, soft; bowels regular; sleeps without dreaming; hearing worse in damp weather; no leucorrhœa; no palpitation.

Rx Laches. $\frac{0}{6}$, $\frac{1}{4}$ bis die two days, and then Sulph. $\frac{11}{30}$.

March 28.—Since yesterday she has heard better with both ears than formerly with that least affected; the effect of the medicine she says greatly amuses her; noise of ear same; says while taking the medicine the last three days the improvement was at the greatest; left arm feels heavy, and there is uneasiness of the left side, which passing off of wind removes; pulse 90, soft; tongue good; head feels full; ceases to forbode apoplexy; mental power increased; mind calm; says all former allopathic treatment made her worse.

This case is still under treatment. I have introduced the case for the reason I before stated. Its origin is interesting and suggestive.

CASE III.—*Fright followed by Hysteria, with Convulsions.*

Mrs. Alsop, æt. 25, March 7, 1849, nervous, weakly, and rather fleshy in person.—Has been the subject of much grief from trials. Says she was exceedingly frightened two years since on passing

through the Park at night; it was followed in a few hours or days by a cold sensation in the bearing part of the back (sacrum) which passed up to the head; then her left arm tingled and she became insensible; during this state she holds the head erect, the eyes are fixed, and the muscles of the eyes, neck, and left arm work; she did not fall down, but remained stiff and fixed; thus she continued for some time, it then passed off, leaving the left arm twitching—the head aching, and chiefly the left side; over the eyes, shooting pains; These fits have daily or frequently returned, and render her a burden to her husband and useless in her family. Has one child. She was frightened when the catamenia were in progress—they were stopped. Her spirits are depressed; she states that the catamenia were always scanty, but were more abundant at the time of the fright; pain in the back and sense of bearing down accompanies the catamenia; is now suckling; has leucorrhœa, yellow, thick; bowels regular; pulse 84, not strong; appetite good; she moans in her sleep.

Rx Puls. $\frac{11}{30}$ stat. followed by Ver. $\frac{10}{30}$, in divided doses, and then Sepia, $\frac{0}{30}$. To occupy fourteen days.

March 22, fourteen days after.—Has had *no fit* since I saw her; is not heavy and listless in the morning as before; spirits improved; does not feel weak; leucorrhœa continues; slept well, but dreams she is in and near water; eyes seem weak to the light, and are bright; pupil dilated; has taken cold; some pain behind the left ear and temple; much thirst; no appetite; legs heavy; pulse 92.

Rx Graph. $\frac{11}{30}$ stat.; in a week, Sulph. $\frac{11}{30}$; and another week, Calc. $\frac{11}{18}$.

April 5.—Has had no fit at all; much stronger; is not now excited or nervous; all the complaints she has named have been removed, but mentions she is subject to hæmorrhoids; she ate pork a few days since and the next day noticed these were troublesome, external, and bled; thirst; feels swelled and full; has been at work in her family; tongue clean; does not dream; no catamenia for five weeks.

Bell. $\frac{11}{12}$; quotid. and Puls. $\frac{11}{12}$ o. 2 die.

April 19, fourteen days after.—Has had inflamed tonsils, which were removed by Bry. and Bell.; no complaint save nausea for three days following, in the mornings: no catamenia seen for seven weeks; spirits good, rather agreeable but craving appetite. She

proved enceinte. Much gratification to herself and husband at the success of the treatment.

She has since been confined, did well and had no return of fits. Such a case is sufficient to convince any but the stultified or wilfully blind, of the truth of homœopathy and the homœopathic law.

CASE IV—Chorea, Dimness, and Neuralgia of the Eye, consequent upon Fright.

March 20, 1851, 10 P.M.—I was sent for to ———, æt. 30, a pale, cheerful young woman, of nervous, sensitive, sanguine temperament. She is suffering extremely from neuralgia of the right eye, which has come on suddenly at 8 P.M. I learn she went yesterday to the Panorama of the Nile, which produced extravagant pleasure and delight, followed by talkativeness mingled with laughter, which lasted for hours, and which was with difficulty suppressed by her mistress. There has been for two hours, and is now, with little or no interval, severe darting pains in the eye, a sense of weight and pressure upon it with burning, it is paralytically closed and the ball appears considerably flattened, a bright flame or light is seemingly seen before it; pulse 80, not strong; face now pale, though after seeing the panorama the cheeks were patched with red blush; has dreamt of being killed. This severe attack came on while reading this evening. Suddenly she began rubbing the eye, at the same time saying “its all scarlet,” followed in two minutes by intense agony darting through from the eye to the back of the head, with a sunken appearance of the eye, which was spasmodically closed. On being asked to open it, she said “it is open, is it not,—it is all a bright light;” she trembled, turned faint, and looked pale. About one quarter of a pint of warm sugar and water was given to her, and the faintness passed off. Bathing the eye was tried by her attendants without relief, the eyelid still perfectly closed, nor could it be opened. Intervals of ease occurred between the intense agony. An allopathist was sent for. He pronounced her spine affected (spinal chord); ordered a mustard plaster, which was not applied, for the lady of the house, though anxious, waited the arrival of homœopathic aid. The same gentleman sent a mixture which smelled strongly of an aromatic, of which a dose was given, and the feet placed in mustard and water. Paroxysms of pain continued till my arrival. At 10 P.M., to lose no time,

I ordered her Bell. $\frac{1}{2}$ gtt. j, and if no relief occurred in a quarter of an hour, Spigelia $\frac{1}{2}$ gtt. j. I was induced to take with me the low potencies as well as others, that, under the urgency of the report, I might be supplied and minister them if desirable. I do not here maintain that a higher potency might or might not have sufficed, though I quite feel that *that potency is the best, which with least quantity and least aggravation yet produces the needed relief.*

No relief followed Bell., which did not surprise me. The Spigelia $\frac{1}{2}$ was taken. In five minutes I heard a snore,—she was asleep; in ten minutes she sighed and awoke. “How is the pain?” I asked. “Quite gone, sir,” was the reply; “but the bright light is still there,” and the eye closed and sank as before.

Pr.—To take no medicine unless the pain returns, and then repeat Spig. $\frac{1}{2}$.

March 22.—Reports: remained easy for half-an-hour after I left her last night, when a slight pain being felt her mistress gave her Spig. $\frac{1}{2}$. She slept for an hour again, and then evinced the pathogenesis of Spigelia, as she began to scratch herself; had insupportable itching from head to foot, as if “she had hairs about her.” It was apparently subcutaneous to the bystanders, there being no redness or eruption, the skin natural, with moderate perspiration. This distress of skin lasted ten minutes and ceased, being succeeded by intense pain in the heart, “as if it were being screwed out,” yet the pulse was regular. Warm flannels relieved in part, sprinkled also with eau de Cologne. Went to sleep, awaking once or twice only until 6 A.M., at which time she exclaimed “I can open my eye and see quite well.” Some pain was felt around the orbit but none in the eye, and she desired to get up. 8 A.M. to 11 A.M. she suffered similarly as before in the skin and heart. Noon, the skin little affected, and the eye remaining free; considerable headache at times. At noon I saw her; pulse 66, full; tongue white; thirst; (the subject of leucorrhœa generally;) pupil dilated; dimness of sight; no pain. It being desirable to antidote the unnecessary aggravation or pathogenesis of the Spig., I gave Camph. $\frac{11}{12}$, to be repeated once or twice in the day.—Aconite $\frac{1}{3}$ three times a day, alternately with Puls., of which $\frac{8}{12}$, one-ninth for a dose. With the first dose of Camph. the pain left the heart.

March 23.—After I left her she got up. From last evening has lost the dimness of sight and the headache; has slept very well;

and says that she now sees better in the eye than for months past. It appears that the sight has been much affected for two years.

I now learn that when seven years old she was terrified by a gentleman taken with fits, which occasioned chorea. She could not walk for six months, and the sight became weak from and after the fright. The chorea was removed by ordinary treatment. The catamenia came on at twelve years, and produced faintness, &c.; at fifteen she improved. The catamenia have throughout her life been irregular, at three to six week intervals, with pain. Pleasure or pain always affected her extravagantly.

The subsequent treatment for the uterine irregularities consisted of Puls. 30 and 200 and Sepia, which greatly benefitted her so long as she continued treatment.

NOTES ON CAMPHOR.

BY DR. NORTON.

THE antidotal virtues of Camphor are as powerful as they are extensive. It antidotes all substances which produce drastic purging and vomiting, provided these symptoms are accompanied by paleness of the face, coldness of the skin, and loss of consciousness. It also antidotes the specific effects of cantharides on the urinary organs, and especially and peculiarly the entire action of opium, a substance with which it has more analogy than any other. Its effects sometimes closely resemble the well known stupor and snoring of the latter, but delirium and convulsions more frequently ensue, either without any stupor at all, or after a brief state of stupor, or alternately with stupor. Hahnemann expresses his astonishment that physicians will combine Camphor and Opium in their prescriptions, but it is an established alloëopathic doctrine, that the combination saves the patient from much of the headache and sickness that Opium administered alone produces. Finally the antidotal powers of Camphor are said to extend to every narcotic, and to most vegetable and mineral medicines. This power must of course be limited to the effects, which are similar to those of

Camphor. This extensive range of antidotal power, alone, makes it a useful medicine, either to interrupt the current of alloëopathic medicinal action at the commencement of treatment, or, the too potent action of a homœopathic medicine in the course of treatment. Moreover, as its action is soon over—in small doses in about three or four hours—it comes in admirably, whenever homœopathic succeeds to alloëopathic treatment; or, in single doses, when an homœopathic medicine has taken too strong an effect, or as a standard remedy in the course of many diseases, when camphoric symptoms present themselves; or as the pioneer remedy in the commencement of many every day diseases when there are chills, or shiverings alternating with flushes of heat, or coldness and gooseflesh-appearance of the skin, depression of spirits and an inability to apply the mind. On the other hand, Opium is almost the only antidote to Camphor worth speaking of. *

Unfortunately Camphor is one of those substances whose dual action perplexes the student and embarrasses the practitioner. Nevertheless apart from the difficulty of grasping and applying such a medicine, both its primary, secondary, and alternating symptoms are available for homœopathic practice. The primary are forcibly marked *by coldness of the surface*, which as Hahnemann observes, in conjunction with loss of consciousness and vertigo—the vertigo of inanition—point to a diminished afflux of blood to the head, and those parts distant from the heart. Coldness of the surface, then, constitutes the key-stone symptom of Camphor, with it are associated diminished nervous sensibility, a marked failing of mental power, amounting to loss of consciousness, or to stupor, or else to delirium and convulsions. These phenomena vary in intensity according to the magnitude of the dose, as for instance from mere lassitude, depression of spirits, chilliness, and yawning—the results of moderate doses,—to sudden sinking of the vital forces, deadly pallor and coldness of the surface, slow pulse and respiration and stupor—in short, a state of depression approaching asphyxia—the results of larger doses. Hahnemann says, the secondary effects appear

* See *British Journal of Homœopathy*, No. xxxvi.

to be partly due to a re-action of the vital powers. They are rush of blood to the head, heat, pain and heaviness of the head, quick full pulse, redness of the face, brilliancy of the eyes, burning heat of the skin—the effects of very large doses. More moderate doses produce in some exhilaration of the spirits, a drunken feeling, or delirium, with a feeling of warmth or heat. In some few cases heat and excitement have followed large doses without any previous depression.* It is on account of its secondary or re-actionary results, to determine to the skin and produce perspiration, or as a general stimulant, that it is employed allœopathically. But as it is generally combined with Opium to produce the former, and with Ammonia to serve the latter purpose, no useful inference can be drawn from the practice. Noack and Trinks think Camphor especially suitable to the melancholic temperament; to constitutions enfeebled by protracted illness; to persons whose extremities are cold, and whose circulation and respiration are slow. But irrespective of these conditions, whenever, as I have proved, there are general uncomfortableness, chilliness, shivering, and gooseflesh-appearance of the skin, symptoms which usher in catarrhs, constitute the precursory stage of fevers, the first stage of cholera, and the commencement of inflammations, &c. &c., it is imperatively called for. Hartmann recommends it in typhus fever, when “the febrile paroxysm sets in with sudden loss of sense, falling down without consciousness, spasmodic stretching of the body, twitchings of the facial muscles, and shortness of breath;” to these ought to be added, coldness of the surface and almost imperceptible pulse.

Camphor presents the following as the principal head symptoms; head-ache with confusion of ideas, prostration of the powers of thought, and staggering vertigo,—these symptoms were experienced by the writer in a proving on himself. In the same line of action, from more powerful doses, are vanishing of the senses, loss of consciousness, stupor with hard breathing; or else coma-vigil, or delirium, or convulsions. The secondary symptoms of this region are heat and congestion of the head; heaviness and throbbing, pressure on the brain; inflammation of the brain.

* Pereira, *Materia Medica*, Vol. ii.

The facial symptoms are pallor, sometimes lividity, coldness, and cold sweat on the face (*veratrum*). These are sometimes succeeded by flushings, heat or redness of the face. In the eyes we have a singularly tight feeling of the conjunctiva, and ophthalmia (both experienced by the writer). Staring, wild astonished expression; contraction and dilatation of the pupil. In the region of the mouth we have, as part of the state of rigor, chattering of the teeth; rigidity of the jaws and foam at the mouth; symptoms which were met with in those cases where tetanus, tetanic convulsions, and epilepsy were displayed. Also in this region we have burning pain, and even ulceration from the long continued local action of Camphor. To the same cause must chiefly be attributed the burning in the gullet, stomach, and abdomen recorded in the pathogenesis. Camphor seems to have but little effect upon the bowels. Constipation and involuntary diarrhoea are, however, recorded in its pathogenesis, but they cannot I think, be regarded as direct effects. It would probably be useful, like Opium, to rouse the activity of the bowels. But by far the most important curative power which has hitherto been obtained from Camphor, has been in the first stage of cholera. Hahnemann first recommended it, on the approach of cholera in 1831, in these emphatic words—"Every one the instant any of his friends take ill of the cholera, must immediately treat them himself with Camphor, and not wait for medical aid, which even if it were good would generally come too late."

Since then numbers of our schools have borne testimony to its good effects, amongst others Dr. Drysdale, who gave it in 139 cases, says, "it is sufficient to say that our experience of its action in this epidemic, fully confirms that of other homœopathists. It was the chief agent in the cure of those cases cut short in the first stage." Again he justly observes, "it must not be thought, however, that Camphor was invariably successful in arresting the disease, even when given quite at the beginning, for we have seen a considerable number of cases in which it went on in spite of Camphor." (*Brit. Jour. of Homœop.* Vol. viii, p. 149).

Dr. Quin considers it especially efficacious in cholera whenever there is rigidity of the muscles, and very justly thinks as highly of it in the stage of collapse, or even approaching

asphyxia, as in the first stage. He informs us that he was indebted to this substance for the preservation of his own life, in an attack of cholera. He suddenly fell down insensible, and on returning to himself, took six doses of Spirits of Camphor consecutively. After which there was a sensible diminution of the cramps, the efforts to vomit, the burning at the stomach, the feeling of breathlessness, the vertigo, and the slowness of the heart's pulsations. The coldness of the face and extremities which were the colour of marble, did not yield so quickly, nevertheless they disappeared by degrees.

Lobethal thinks it a specific in cholera, as long as the body has a natural colour, even if its temperature should be ever so low. Dr. Russell in his brilliant treatise on epidemic cholera, says, the operation of Camphor seems even to throw light on the pathology of cholera. It seems to act through the medium of the pneumo-gastric nerves, upon the solar plexus, the lungs, heart and intestines exactly as we have suggested, as the probable action of the proximate causes of cholera. The brain should have been included in the above list of organs, as it is the one upon which Camphor exerts its best established and most characteristic influence. This influence is variously expressed by different provers, as vanishing of the senses, failing of the senses, gliding and falling down, sudden loss of consciousness, &c. &c.

Upon the genital organs Camphor exerts a powerful influence, causing loss of sexual power and desire. Hahnemann says that want of sexual desire, erections, and emissions of semen are primary effects of Camphor. The opposite effects are rare, only two symptoms are given in the materia medica, namely, increase of the sexual desire and amorous extacy. Noack and Trinks recommend it in mania with sluggish pulse, contracted pupils, and the testicles drawn up. Auenbrugger advises it in the mania of men when accompanied with a small contracted penis, corrugated empty scrotum, or when both testicles are so retracted that they appear to be introduced into the abdominal cavity. Serapion cites Dioscorides to the effect that Camphor, when too much used induces insomnolence, coagulates the semen and engenders cold-

ness. Mesarguil, an Arabian writer, quoted by Mr. Leadam, (*Brit. Jour. Hom.* Vol. viii, p. 391.) states that an acquaintance of his took six drachms of Camphor at one dose, which impaired his digestion and produced impotence. Small doses, according to the writer's trial upon himself, rather increase the sexual desire at first, whereas larger doses at once suppressed the faculty, and caused retraction of the testicles close up to the abdomen, with extreme corrugation of the scrotum. Rückert says, Camphor ought never to be employed in diseases characterised by excessive irritation of the sexual organs, and frequent emission of semen; but only when the sexual desire is wanting, and when the genital organs are relaxed.

Irritation of the urinary organs is a prominent effect of Camphor, as evinced by burning in the urethra, dysuria and stranguary. The writer twice felt a painful burning in the urethra during his proving. It is by virtue of this property that it antidotes similar effects occasioned by cantharides, cannabis, and other poisons. To the same property is no doubt to be attributed the good effects of Camphor poultices, as prescribed by alloëopaths, to the perinæum, in ardor urinæ and chordee. Indeed, from what we know of the pathogenesis of this substance, its curative action in the hands of alloëopathists, must be oftener according to our principle of similia, than to theirs of contraria.

Applied to the skin Camphor produces considerable irritation, itching, and burning, and redness, and even erysipelas, according to Hahnemann (sym. 240 and 247). It is said that Boenninghausen believes that Camphor administered every fifteen minutes, will cure even severe erysipelas in the course of a few hours. (*Homœopathic Times*, March 22nd.)

I feel more confidence in its power to arrest it in its premonitory state.

Noack and Trinks think it rivals the power of Arsenic in aiding the efforts of the system to throw out cutaneous eruptions, when internal anguish, oppression and fever, are the leading symptoms.

In the respiratory organs we have the breath exhaling the odour of Camphor, for it is the principal channel by which it es-

capas, when perspiration does not ensue. Oppressed, slow, laborious, or even snoring is the character of the breathing; the latter symptom accompanies the state of profound stupor. We have also accumulation of mucus, (sym. 172) oppression of the chest resembling a suffocative catarrh, (176) and oppressed anxious panting breathing (179). In these we recognise the indications for its employment in suffocative catarrh, asthmatic, and chronic bronchitic affections, especially in old and enfeebled persons.

In the extremities we have twitchings, convulsions, and cramps in the calves. The only post mortem after Camphor, which I know of, is recorded in No. xxxvi, *Brit. Jour. of Homœop.*, the case of a child. The abdominal viscera were found very pale and bloodless, and the arteries and veins nearly void of blood. Christison says, that the heart is no longer contractile, although examined immediately after death.

NOTES ON CANNABIS SATIVA.

(*Introductory to a Proving of Cannabis Indica.*)

BY DR. NORTON.

The European Hemp differs so materially from the Indian variety of the plant, that I have thought the latter worth a separate proving. These notes on the Cannabis hitherto in use, are a sort of preface to the proving. Hahnemann briefly remarks of Cannabis sativa that "it may be used with great success in various diseases of the genital organs, the chest, the organs of sense, &c. &c.," and also that "it is successfully used to relieve the fatigue of foot passengers in Persia;" but this last remark must refer to the Indian variety. I fear, indeed, that the European and Indian varieties of these plants are frequently confounded in the Hahnemannian proving. The moral symptoms of Cannabis sativa are few in number, but such as they are they seem to resemble the corresponding ones of Cannabis indica, which abounds in phrenetic symptoms. The principal

are: "cheerful mood, as if excited by liquor;" "mental derangement, partly merry and partly serious;" "he gets vehemently mad, even at trifles;" "sometimes he is attacked with a furious frenzy, so that he spits into people's faces."

Amongst the cephalic symptoms we have decided neuralgic and hemicranial pains, characterized by pressure or boring, as for example, "pressure under the frontal eminence, deep through the brain into the occiput;" and again, "the fore-part of the head feels compressed from the margin of the orbits as far as the temples." Dr. Quin gives a case of neuralgia of the head cured by this remedy, and from the confidence he felt in its suitability, ventured to predict that it and it alone would suffice for the cure.—*British Journal of Homœopathy*, Vol. iv. The subject was a woman who had had hemicrania on the first and last days of the catamenia up to the period of her marriage; and after that time, the headaches, accompanied with neuralgic pains, had returned about every four days with increased and increasing severity. The seat of the pain was the superciliary ridge and the eyeball; its character was that of a weight or pressure by a blunt instrument; remaining quite still favoured its discontinuance. Nausea, weight at the stomach, globus hystericus, copious light-coloured urine, borborygmus, flatulence, and palpitation of the heart, accompanied the attacks: violent vomiting of yellowish, and then of greenish, bitter fluid, preceded their departure. Her general health was bad; she was thin, pale, and extremely weak; and, which was doubtless an indication for Cann., her catamenia almost amounted to flooding during the whole of the period, which was ten or eleven days at each time. Dr. Quin says: "I considered this to be a case of neuralgia depending upon sympathy with uterine irritation, and to partake greatly of an hysteric character." She was cured in about two months by Cannabis alone. Her catamenia became quite regular, in proper time and in proper quantity, and unaccompanied by hemicranial or neuralgic pains.

The Cannabian eye symptoms are important, inasmuch as they denote considerable disorganisation of the structure of the eye. The chief of these are: "the cornea becomes non-transparent—a pellicle forms on the cornea;" and "cataract."

Ruoff gives two cases of cure of opacity ; one by Cann. and Bell., the other by Cann. and Euphrasia alternately ; in both of these the cornea was obscured by a whitish-grey spot. Dr. Malan, *British Journal of Homœopathy*, Vol. v, gives some cases of cataract, in which Cannabis appears to have been serviceable. Ruoff gives a cure of incipient cataract from suppressed psora, by three doses of Puls. and two of Cann. ; one of traumatic cataract by Cann. alone ; and one of lenticular cataract by tincture of Cann. alone. Noack and Trinks also recommend it for specks on the cornea, after scrofulous ophthalmia ; for old specks and ulcers on the cornea, and for incipient leucoma ; also for scrofulous excrescences of the lamellæ of the cornea. It is singular that Dr. Dudgeon does not speak of it in his comprehensive paper on ophthalmia, *British Journal of Homœopathy*, Vol. vi.

Among the gastric symptoms are such as are observed in attacks of biliousness, or bilious headache, or as sympathetic features in acute disease of the kidneys, they are : “nausea ;” “vomiting of a slimy, bitter-tasting water ;” “green, bilious vomiting.”

Among the abdominal symptoms are some highly indicative of renal disease, such as “a drawing pain in the course of the ureters, with anxious, sick feeling at the epigastrium ;” “pain at the sides ;” “ulcerative pain in the region of the kidneys, both when touched and not touched.” Hartmann says that Cann. is indicated in nephritis, by a drawing ulcerative pain from the renal region to the groin, attended with anxiety and a qualmish sensation. He also says, in speaking of renal hæmorrhage, that Cann. corresponds to hæmaturia accompanied by retention of urine, or dysuria, particularly at night, and with burning, smarting, stinging, during micturition (*Acute Diseases*, Vols. ii and iii).

The urinary symptoms, which are forty in number, may be classified thus : “desire to urinate, even when the bladder is quite empty” (cystic irritation or inflammation) ; “frequent desire to urinate, with burning, or itching, or stinging pain during and immediately after the operation” (urethritis). The seat of the pain is chiefly at the orifice of the urethra, but also

extends along the entire canal to the bladder, The nature of the urethral discharges indicate its applicability to gonorrhœa, gleet, spermatorrhœa, chordee, &c. &c. The gonorrhœal symptoms are, "painless discharge of mucus from the urethra; frequent erections; chordee, during an erection; closing of the orifice of the urethra by mucus." The spermatorrhœal symptoms are, "discharge of watery mucus from the urethra; painless discharge of a clear transparent mucus from the urethra (prostatic juice) without erection; and increase of sexual desire." The last symptom is a decided one in *Cann. indica*. Ruoff gives the three following cures of virulent gonorrhœa by *Cann.* In number one the symptoms were, burning when urinating; stitches whilst and after urinating; frequent micturition, with small discharge; many painful erections; thin mucous discharge from the urethra; slight balanitis. Number 2.—Thick, yellow mucous discharge; stinging and burning, while and after urinating. Number 3.—Scanty white discharge, painless; orifice of the urethra reddened; frequent micturition.

Attomyr, in his treatise on the venereal disease, bears the following testimony to *Cann.* in gonorrhœa. The usual time required to cure an acute gonorrhœa was one month; several were cured in fourteen days. I experienced the best effect in the treatment of this disease from the exhibition of *Cannabis* in the 4th dilution, in drop doses, which were repeated at intervals of five or six days; I occasionally repeated the remedy for two or three days in succession, and then waited seven or eight days. Speaking of gleet, he says nine case of this disease were cured with *Blennorrhœin* 80, *Sulph.* 30, and *Cann.* 4; *Cannabis* repeated every five, and the other two every eight days. Generally *Sulph.* given at first, produced considerable improvement, diminished the discharge perceptibly, but excited slight burning in the urethra; after which I usually gave *Cann.* with effect: I observed this frequently.

Ruoff gives a cure by *Cann.* of phimosi, but has not detailed the symptoms. He also gives a case of calculus of the bladder, with bloody urine, urinary complaints, and violent pains, which were cured by *Cann.* The character of the urine seems to indicate serious disease of the cystic mucous membrane, for

symptom 142 is, "urine full of filaments, as if pus had been mixed with it." In a note to symptom 141, "paralysis of the bladder," we have, "the urine had to be drawn off by the catheter; but afterwards it could not even be drawn off by the catheter, on account of its being clogged up by mucus and pus." In one of the four post-mortems by Morgagni, in which death was attributed by him to Cann., there was, "pus in the left kidney; thickening of the membranes of the bladder; the vessels of its inner surface injected; and some fleshy fibres in the urinary passage. Clinical experience confirms the pathogenetic observation that while Canth. is suitable to violently acute urethritis with urine coming away drop by drop, Cann. is preferable in subacute urethritis, with plentiful discharge, and the urine flowing in a stream. Both are good for priapism and chordee; the choice must be determined by the differences just specified.

The genital symptoms are referable:

1st.—To the state of the prepuce and the corona glandis. Here we have pains beginning with itching, rather pleasant than otherwise, and increasing to stinging, pricking, burning, and corrosive burning pains; in one case, "the corona felt sore and as if burnt, so that it had to be supported." We have also "swelling of both corona and prepuce, with dark red discoloration, heat and inflammation." Also, "prepuce covered with dark red spots the size of a pea, and humour round the neck of the penis," symptoms which indicate the propriety of using Cann. in balanitis, balanorrhœa, phimosis, paraphimosis, &c. &c., and in the diseases in which these states are only symptomatic.

2nd.—To the state of the testes: symptoms 190 and 191 indicate an inflammatory state of the testicles; they are "tensive pain in the spermatic cord when standing, and contraction of the scrotum with a contractive sensation inside, and sense as of pressure in the testicles, a sort of dragging when standing." I do not know if these are sufficient to indicate the employment of Cann. in idiopathic orchitis, but it would probably remove them, when, as is often the case, they are attendants upon gonorrhœa.

3rd.—We have symptoms more immediately relating to the uterus and its analogue in the male, the prostate gland, sym.

193, is "swelling of the prostate gland;" 194, "great excitation of the sexual instinct accompanied by sterility;" 195, "excites the sexual instinct of both men and animals." These two last symptoms correspond to the powerful aphrodisiac effects of *Cann. Indica*; Symp. 196 is significant, although the only one of the kind, "profuse menstruation."

The chest symptoms are important as regards the cough, we have "violent and dry or short and hacking cough." No sputum is met with, but clinical observation has always assigned to it a green coloured expectoration. Dr. Chapman thus writes of it in the case of a lady who had had several pleuro-pneumonic attacks. "The *Cannabis* always acted well in her case. There was tough greenish expectoration in the first instance when it was used, the sputum having been previously rusty; towards the close of the attacks she expectorated freely—the expectoration muco-purulent."—*British Journal of Homœopathy*, Vol. vii.

As regards the respiration, oppression in breathing is a distinguished characteristic. It is variously expressed by the different provers, as "a load on the chest;" "oppression at the chest;" "difficult respiration when lying down;" "difficult breathing," &c. &c. In one case, sym. 220, it amounted to asthma, and in another to orthopnea, as "orthopnea; he was not able to breath except with his neck stretched; with wheezing in the trachea, and by greatly distending the abdomen." Hartmann says, "I have lately treated a case of pneumonia with orthopnea, in a patient of advanced age, where, *Bry.*, *Rhus.*, *Bell.*, *Phos.*, were of no avail; the cure was effected by repeated doses of the 3rd attenuation of *Cann.*"

The symptoms relating to the heart are numerous and significant. We have amongst others, shocks, beatings, hammerings, and palpitations within the chest, at one or both sides, and pain at the region of the heart. We have also "a tensive aching at the middle of the sternum with oppressed breathing," and "violent pinching at the lower end of the sternum which disappears by bending the head backwards." Ruoff gives one case of carditis, cured by *Bry.*, *Acon.*, *Puls.*, and *Cann.* In speaking of carditis, pericarditis, and rheumatic carditis, Hartmann says,

"Cann. 1st, 2nd, or 3rd attenuation is an excellent remedy, after the diminution of the fever by means of Aconite, when the patient complains of a tensive aching pain in the middle of the sternum, with oppression of breathing, frequent shocks in both sides of the chest, and most painful in the region of the heart, accompanied with orgasm and a sensation of fulness about the heart." He also thinks that Cann. may moreover act with benefit when the pericardium is involved, when morbid formations on the endocardium and valvular defects have taken place, when the percussion sound is normal or dull over a larger surface, when the sounds of the heart are strong, violent, or mixed with murmurs (acute diseases, Vol ii). Of the four *post mortems* where death was ascribed to Cann., reported by Morgagni, in number 1, there was polypus-shaped exudations in the heart, and the same in the carotid arteries; in number 2, a quantity of turbid water in the pericardium, polypi in the heart. In number 3, there was no heart lesion. In number 4, a quantity of yellowish water in the pericardium, the heart enlarged and polypi in the heart.

Lastly, in the pathogenesis of Cann., we have inflammation of the lungs. It is thrice repeated: 1st, in connection with vomiting of a green bilious substance; 2nd, associated with delirium; and 3rd, simply as inflammation of the chest and lungs. In the *post mortems* already referred to, traces of peri-pneumonia, and old pneumonic inflammations were found in two out of the four cases. Noack and Trinks recommend it in pneumonia, brought on by violent exercise, short oppressed breathing, owing rather to aching than to stitching pains, cough with tough green expectoration, palpitation of the heart, with anguish, sympathetic affection of the large vessels.

Hartmann's opinion of it in pneumonia is, that it is a useful remedy when the inflammation affects the lower portion of the lungs, or principally the left lung, with palpitation of the heart, oppression behind the sternum, with dull shocks in the region of the heart, frequent hiccough, when the whole body is rather cold than warm, and the heat of the face increases constantly. He also considers that Cann. deserves attention in asthenic pneumonia (acute diseases, Vol. ii). Ruoff gives a case of pleuro-pneumonia cured by Cann. with the aid of Acon. The

symptoms were very violent stitches in the left side of the breast, sticking in the breast on moving, breathing, or speaking, cough with copious, viscid, green, bloody expectoration, deficient strength, gentle slumbers with jactitation, palpitation of the heart with anxiety.

My clinical experience of *Cann.* has not been extensive, but such as it is, it is confirmatory of the above imperfect sketch. I hope by the time that the proving of *Cann. Indica* is ready for publication, to have collected some cures by *Cann. sativa*, and to this end shall be glad to receive from my colleagues any contributions. The ensuing Congress of homœopathists of all nations, as I hope it may prove, will present an excellent opportunity of proposing that each member take the charge of one remedy, and become the authority upon, and referee of, that remedy. By such a distribution of labour all would benefit, and our *materia medica*, at present so uncertain, would soon become the exact and unerring basis of our noble art.

ON DIABETES MELLITUS.

BY DR. TRINKS.*

IN my very long practice I have only met with two cases of true diabetes mellitus, a disease which fortunately seldom occurs, about which science has little to say of an agreeable nature, and in treating which, medicine has nothing to boast of, for no system, not even homœopathy, has succeeded in discovering a reliable mode of treatment or a sure specific for it.

The phenomena of the disease are uniform in all cases, and are described with accuracy in the systematic treatises on practical medicine, and in numerous monographs, so that there is nothing new to be said about them. They may be arranged under two heads ; some of the symptoms are local and primary, the rest consecutive and general, and the two sets stand to each other in the relation of cause and effect.

The primary pathognomonic or local symptoms are the greatly increased secretion and excretion of urine, in which careful chemical analysis finds not the usual constituents of the healthy

* From the *Homöopathische Vierteljahrschrift*. Vol. ii.

fluid, but in their stead a foreign one, viz., *sugar*. In the first stage, according to Schönlein, the urine contains albumen, but no sugar, which makes its appearance in the second stage. The urine has a yellowish *shot* opalescent appearance, is rather turbid and deposits some mucus at the bottom, does not smell like urine or ammoniacal, but like milk gone sour, is very frothy and the surface studded with little *islands* of foam. The urine passed in the night is richer in sugar than that of the day. As the sugar increases the urea and lithic acid diminish and disappear. The urine greatly exceeds in amount the solids and liquids of the food.

The secondary symptoms are such as arise from the immediate influence of the alteration in the quantity and quality of the urine, in consequence of which all the other secretions diminish, and at length nearly entirely cease, first that of the skin, then those of the mucous surfaces, next of the salivary glands, of the ceruminous follicles, &c.; and the further that diminution proceeds, the greater need is felt to replace them; hence the consuming hunger and burning thirst which torment the sufferer by day, by night. The action of the bowels is generally sluggish. The body wastes by inches to a perfect atomy, and at last there is little left but bones covered over with skin. The strength melts away. The incisor teeth often fall out, but this did not occur to my two patients. Lastly, aphthae form, and tubercles, and dropsy and death.

The anatomical changes which present themselves in the kidneys of persons who have died of diabetes, afford no satisfactory insight into its nature. Bock * says: "no structural changes are found in the uropoetic or chylopoetic viscera, at least such changes as are found occasionally, being but occasional, cannot be looked upon as essential; they must be regarded as accidental complications or secondary degenerations. Besides the general symptoms of loss of flesh and poverty of the blood, the appearances most often noticed are, hyperæmia and hypertrophy, anæmia, granular degeneration and atrophy of the kidneys; dilatation of the urinary passages; tumefaction of the mesenteric glands; tubercles in all their different stages (these

* *Pathological Anatomy*, Vol. i, p. 260.

are found early as well as late in the progress of diabetes) ; catarrhal affection of the stomach and bowels ; infiltration of the liver ; altered structure (thickening and induration) of the sympathetic and splanchnic plexuses. Scharlach says he has found in the spinal chord a congestive state, a gelatinous exudation and softening. Others state that the bodies of diabetic subjects have not the usual cadaverous odour, or that they smell of musk.

“From all we know, it seems to follow that diabetes is rather a functional than an organic disease, and that the proximate cause of it is to be sought not in an originally morbid condition of the kidneys, but in the reproductive system. This view is supported by the detection of sugar in the saliva, cerumen, and sputa, in the stomach and intestinal canal, in the blood and sweat, even in the hair of the beard, in the dropsical effusions, and the excrements. At all events the material out of which the sugar is formed, and the means by which it is made are alike utterly unknown.”

Fuchs* remarks : “That all analyses of the blood which have been made during the early periods of the disease, and many made at a later period, reveal the absence of sugar in it, and that the blood for the most part does not differ at first from its normal composition, and it is not till some of the symptoms of disintegration, &c., occur, that it becomes thin, chocolate-coloured, poorer in fibrine and globules, and sometimes also contains urea, and that even when sugar has been found in it, the quantity is so minute compared with that in the urine, that one can easily suppose all it and the other secretions contain, to have arisen from reabsorption.” Hence he supposes the sugar not to have been “preformed,” and he thinks there never is a case of diabetes without morbidly increased activity or “paracrisis” of the kidneys. On the other hand, Becquerel, Nodder, and Goruf-Besanez have found in the blood of persons afflicted with this disease a good deal of sugar, no colouring matter of the bile, alkaline reaction of the serum, and a considerable residuum from the latter, arising from its saccharine contents.†

* *Lehrbuch der Path. u. Ther.* Vol. ii, p. 295.

† *Griesinger, Archiv.* 1849, pp. 6, 7.

Is diabetes then a disease of the blood or a specific functional disease of the kidneys? If a dyscrasia of the blood, how happens it that the saccharine contents of the blood are expelled by the kidneys alone, and by no other outlets, such as the skin, as is the case in jaundice? No solution of this difficulty is to be had, but supposing even a flood of light were to be shed on the genesis and development of this enigmatical disease by physico-chemical researches, still it would remain a question if any method of treatment could be based upon it, or if this would lead to the discovery of a specific remedy. Neither the older theories as to the origin of the complaint, nor the recent researches have conducted to any results satisfactory to science or valuable in practice. Nothing has been effected by all the dietetic and medicinal measures, or by the numerous drugs prescribed empirically, or by Rollo's vaunted Hydrosulphate of ammonia, or by the Balsam of Peru, which is recommended by Neumann.

The excretion of sugar by the kidneys is the operation or the product of an abnormal action of these organs. Now the function of the kidneys is controlled by the renal plexus, which is mainly derived from the great sympathetic. Its influence therefore on the function of the kidneys must be one of a specific nature, analogous to that exerted in albuminuria. That a reflex action is exerted on this plexus by the spinal chord cannot be exactly and certainly established, but there is abundant evidence as to diabetes being complicated with spinal affections, which we may regard as co-existing and not pre-existing. I have had a multitude of affections of the spine to treat, and never omit to examine the urine for sugar, which however I never found. Diabetes is no more to be regarded a primary blood-disease than is albuminuria, though both are regarded as such by the physiological school, which traces every dyscrasia to that source. Lehmann in his Physiological Chemistry, thinks it possible sugar may be formed out of albuminous elements, but we are without positive data on the subject. *It seems likely that the blood of every man in health contains a certain amount of sugar, and that it belongs to the normal constituents of the blood as much as albumen, iron, &c.; and that in diabetes mellitus this sugar of the blood, like albumen in Bright's disease,*

is through an altered action of the kidneys no longer retained but separated from the blood with the ordinary constituents of the urine, which thus comes to contain it in greater or smaller quantity.

Every specific disease selects certain systems and organs corresponding to its specific nature, and makes them its seat, and so to speak, work-shop, and alters their functional action after a peculiar manner. In the case of diabetes, the fundamental disease dominates the function of the kidneys in such a manner as that they no longer excrete urine, but saccharine urine. We can scarcely expect to discover *how* this is brought about, either with the help of the microscope, or the test-tube; and, should it ever come to be understood, it would be simply an addition to nosology, but no advantage to therapeutics as is fondly supposed.

There is no detailed record of any cured case of diabetes mellitus in our whole homœopathic literature. Certain medicines have been recommended for it, Argentum and Scilla by Hahnemann; Rummel cured a case with Carb-veg.; Nuñez with Veratrum, at a very high dilution. Bönninghausen has seen Colocynth do good.

There is no lack of homœopathic medicines which produce increased flow of urine, the principal being:—Acon., Alum., Ammon-carb., Argent., Arsen., Baryt., Bell., Bismuth., Bry., Calc-c., Canth., Carb-anim. and veg., China. and Chinin., Coloc., Cyclam., Dig., Helleb., Iod., Kreos., Lach., Led., Lyc., Merc., Mur-ac., Nat-c., Nitr., Nit-ac., Phos-ac., Rhus., Sabin., Sass., Scil., Selen., Seneg., Spig., Sulph., Thuj. Valer., Ver., Zinc., &c. *But there is no mention of sugar having been excreted in consequence of an altered action of the kidneys produced by any of these medicines;* for, during the proving of these and many other medicines, no chemical examination of the urine was made, a sin of omission which has been severely visited on us by our not being able to assign the changes produced in it by any one of these agents. We may safely assume, however, that every medicine which has the power of determining a decided augmentation of the renal secretion must cause a notable qualitative change in it; the relative proportion of the

ingredients at least being altered, and to observe these with attention, and determine their limits with precision, would be of the greatest importance, not only with reference to diabetes, but also to albuminuria, of which we have lately learned so much; the separation of this product may, it is true, be a symptom of various and very different diseases of the kidneys, but would in any case continue to be an important diagnostic mark, an indication for the choice of the remedy.

I read in an allopathic journal of Cantharides having induced albuminuria, but am not aware of the statement having been confirmed by further observations. Now, if the medicines can cause the kidneys to excrete albumen, the excretion of sugar by them seems not only possible but actually probable, with the certainty, if it should take place, of our being able in this way to arrive at specific remedies against this disease. But until we can cause saccharine urine by giving medicines to healthy men, the homœopathic treatment of diabetes must continue highly uncertain and empirical, the increased discharge of urine being of minor and probably very secondary importance in the choice of the remedy. The point of most moment for the selection must ever be the excretion of sugar, to which all other symptoms are subordinate.

Meanwhile all that the homœopathic practitioner can do is to give such medicines as have the power of producing great increase of urinary discharge, an actual diuresis, and concurrently to submit the urine, passed to a careful chemical analysis, observing especially whether, when a particular remedy diminishes the amount of the water, there is a corresponding diminution in the sugar passed. Supposing this proved, that medicine should be continued as long as it exercises this influence. I think it possible, or more than possible, to find out in this way—*ex juvantibus et nocentibus*—a specific remedy for this disease, but this advance would only be effected *per longos ambages*; the first method is the only direct one, and the surest.

I have, as above-mentioned, only seen two cases of diabetes mellitus in my twenty-five years' practice—one in 1846, the other this summer (1850). Here is a short account of them:—

Mrs. G. von L., a lady who had completed her fiftieth year, of scrofulous constitution, and made like a pulmonaire, had laboured two years already under the complaint, with which was now associated *phthisis ulcerosa*. As soon as I had ascertained her state, I declined to answer for her getting permanent benefit from the medicines, but wished to make experiments as to their effect on the diabetes. The urine was passed in great abundance, was very foamy; after standing awhile smelt like milk, and proved, on analysis, to be highly saccharine. The appetite and thirst were greatly increased; bowels torpid; skin dry and harsh; emaciation extreme; there was dry hectic fever, and very copious expectoration, free from sugar, however. The diet was highly nutritious, but not quite divested of vegetable ingredients. Neither Veratrum nor Carb-veg. Arg-met., Acid-mur. and nit., Calc., Phosph., Ledum-pal., Nat-mur. exercised any influence on the composition or quantity of the urine. Kreosote seemed to exercise the most powerful effect on the morbid activity of the kidneys. The pulmonary complaint forced me to use other medicines, so that there was end of my experiments. The patient died the death of all phthisicals.

Schönlein * has never met with this disease in women, and thinks its supposed occurrence in the female sex is to be explained by hysterical diseases being taken for it; no such mistake could arise if the urine were analyzed from week to week.

The second case I have treated occurred in a lad of fifteen, who had not yet entered the age of puberty. The disease had been going on already a year and a half under the eye of an allopathic physician, but without his ever suspecting the existence of diabetes, for he had done nothing for it, but kept wondering at the great flow of urine reported to him by the servants of the school in which the case occurred. The emaciation had gone great lengths, and the strength declined so much that the patient avoided the least movement; appetite voracious; thirst unextinguishable; tongue clear anteriorly, coated black posteriorly; examination of the abdomen showed nothing abnormal about the liver, spleen, or mesenteric glands; bowels extremely sluggish; stools hard and knotty. The quantity of urine passed in twenty-four hours varied from eight to ten pints, about two pints more than the drink; the skin very dry, and scaling off in little

* Vorlesungen über Allgem. u. Spez. Path. u. Therapie. Vol. iii, p. 135.

pieces like bran. The genital organs were always quite flaccid; the lad had never had emissions or practised masturbation; there was no discoverable affection of the spine. The boy's father had cavernous phthisis, and in the patient himself the chest had the build peculiar to consumptive subjects. He was ordered meat and beef-tea three times a-day, and very little vegetable food. Having been consulted in 1831 by a person who said he had been cured of diabetes by drinking the waters at Carlsbad by Hufeland's directions—*relata refero*—and having, by the way, great faith in soda springs, I made him drink one or two glasses of the water of the castle-spring here (Dresden) for three weeks but without the slightest effect. Then he got Hydrosulphate of Ammonia with the same result. Acid. nitr. and mur., Carbo.-veg., Coloc., Chinin. sulph., Argent. nit., Kreosote, Zinc.-met., and Arsen. were equally ineffectual. Aphthae formed in the mouth and throat; then violent vomiting came on; then sudden sopor, and the patient sank under the symptoms of paralysis of the lungs. The *sectio cadaveris* revealed hyperaemia of both kidneys, on squeezing the full-gorged papillæ of the calyces there oozed out a fluid resembling milk and pus in colour and consistence; the pelvis and ureters were much dilated; the liver healthy; the spleen rather shrunk, pale, and anaemic; the intestines and mesenteric glands natural.

Summary.—All observations up to this time have only had the effect of settling the constant nature of the phenomena of diabetes mellitus; the greater or less saccharine quality of the urine and its immense quantity, greatly surpassing that of the ingesta. My weekly analysis shewed the amount of sugar to augment as the disease gained head. The other phenomena observed are secondary and necessary consequences of the wasting that is going on in the body; science affords us no information as to the causes, nature and development of this still mysterious complaint, but only offers hypotheses and conjectures insufficient to base a plan of treatment on, or to yield indications for the choice of a remedy. The relation existing between this disease and tuberculosis is easily discerned. In the first of my two cases phthisis proceeded *pari passu* with the diabetes; in the second, the system was hereditarily predisposed to consumption. The specific remedy must be one which, besides causing increased renal secretion, can determine the kidneys to discharge

sugar, which is easily detected by adding muriate of tin to the urine; but as we do not yet know any medicine which answers these two conditions, we do not possess any specific remedy for diabetes. We may anticipate, from the constant character of the pathognomonic signs, that the medicine, when found, which can give rise to saccharine urine, will cure it in every case, because all diseases with constant, invariable symptoms are always curable by *one* medicine. Lastly, diabetes mellitus is to be regarded as a specific local disease of the kidneys, in which, through a functional disturbance of these organs, the sugar naturally contained in all healthy blood is eliminated in increased quantity along with the other constituents of the urine.

CONTRIBUTIONS FROM PRACTICE.

BY DR. GENTZKE, *of Bützow*.*

I HAVE for years withheld contributions of this nature, both because fewer noteworthy cases have occurred in my practice than heretofore, and still more because the experience of the last few years has brought me, as I doubt not it has many another, to look with the utmost distrust on accounts of cures. Hence I feel very cautious and even reluctant to swell the number of such histories.

As to the cases here presented, I have to remark that they contain nothing extraordinary, either from extreme rapidity of the removal of the complaint, or its rare occurrence or difficulty of treatment. I only claim to have, to the best of my knowledge, recorded cases in which I could be sure that the favorable result was owing to the employment of the medicines, and to have used every precaution against all the fallacies which so easily beset the practitioner.

Phthisis pituitosa.

This complaint is not an uncommon one in other countries, but is extremely common in this low-lying vale of Warnow and in the close neighbourhood of the Baltic, so that I have treated

* From the *Hom. Vierteljahrsch.*, Vol. ii.

a great number of cases during a series of years. On the other hand this disease has been the cause of many mistakes, and I may state as a fact that by far the greater number of instances in which patients are supposed to have been cured of developed phthisis have arisen from its being confounded with this complaint, which hence acquires on this account additional interest. That this is really the case any one may convince himself by subjecting the great number of recorded cases of cure of phthisis in our homœopathic literature to critical examination. There can be no doubt as to the modern method of research by percussion and auscultation of the thorax having powerfully contributed to fix on a firm basis the diagnosis of diseases of the lungs; and while it cannot be matter of reproach to the elder practitioners that they, wanting this important assistance, committed the errors they did, those deserve to receive a public rebuke who in the present day, after we have for so long a time been in possession of this means of diagnosis, pronounce from the professorial chair a case of blennorrhœa from the lungs to be pulmonary consumption. Several such instances, however, have come to my own knowledge.

The prevalent confusion between the two complaints has contributed to the common idea that phthisis is much less serious when the individual attacked has reached thirty or even forty years of age; for it is well known that phthisis tuberculosa falls especially upon the period of youth and development, whereas blennorrhœa of the bronchial mucous membrane generally befalls persons of mature age.

Among the remedies which I have found useful in this affection, China and Arsenicum occupy the foremost place. In many instances where the complaint had reached that stage in which it threatened to pass into *catarrhus suffocativus*, where the patient sat up in bed panting for breath, with but momentary intervals of relief after having succeeded in coughing up a quantity of mucus, I have seen these two medicines remove all the dangerous symptoms even at the most unfavourable season of the year, and the condition of the sufferers rendered very tolerable. Indeed the striking effect of these remedies in the affection in question led me to adopt a practice which I have

since made a custom of, that of giving them in alternation. I certainly cannot entirely justify it, as experience thereby becomes less pure and distinct, but I must put forward as my excuse the excellent results that attend it.

A vast majority of the persons I have treated for this affection have been in advanced life and had laboured under it for years, so that it had in a measure become part of themselves. I never cured any such radically, but am well pleased when I can effect a considerable assuagement of their malady, and carry them safely forward into the good summer season, which usually sets limits to the intensity of the complaint. But I have frequently cured it occurring in younger persons or in elderly ones possessed of healthy constitutions, and where there was no complication of disorders. Whereas I *never* have succeeded in effecting a cure in any case of developed phthisis pulmonalis. The following two cases are, I think, worth communicating.

Marie L., aged 22, daughter of a miller near Rostock, of leucophlegmatic habit of body, had in her youth evidenced her scrofulous taint by affections of various organs, especially the eyes, and a speck on the cornea remained to mark the occurrence of scrofulous ophthalmia. She was not menstruated till 17 complete, but thenceforth regularly though scantily, usually with crampy pain in the hypogastrium, till the present complaint began. In her 19th year, in the autumn of 1844, she had influenza severely, which left behind it as a permanent ailment a cough attended with moderate expectoration; her general health was little affected. The following year, having undergone great fatigue in washing, and caught a severe cold in stormy weather, she laid the foundations for serious disease, and from that time coughed much with profuse expectoration, while her strength declined and her flesh wasted, notwithstanding all that could be done by her two allopathic attendants during a couple of years. Latterly the complaint, so far from giving way, increased to such a degree that Dr. T., the physician last consulted, pronounced her case one of incurable pulmonary consumption, and advised a purely expectant treatment, as medicine could do no more for her. In February 1847 her father sent for me to see her, when I was visiting a landed proprietor in the neighbourhood, and I then drew

up the following account of her actual state.—The patient, who is rather above the common height, has got very thin and stoops much; face pale, eyes dull, sunken and dark-circled; she is extremely weak and weary all the day, and sleeps ill and coughs constantly at night. She complains of great tightness of the chest, especially in the region of the *manubrium sterni*, and most felt in walking; continual cough, with expectoration of a quantity of phlegm, which is usually colourless and albuminous, except in the morning, when it is rough and yellowish, and floats on water, and this phlegm, unlike that at other times, it only got up after painful and powerful efforts of coughing with retching, and sometimes actual vomiting. On examining the chest I find there is but slight acceleration of the breathing so long as the patient keeps still, and she can draw a pretty full breath, with uniform expansion of her rather capacious chest. Percussion gives a clear, sonorous result everywhere except over the lower part of the sternum, where it is rather dull. On auscultation I can perceive the normal respiratory murmur; there are bronchial râles here and there, whistling and rattling, and particularly loud near the bifurcation of the trachea. Appetite has fallen off; thirst felt periodically; has a slimy taste in her mouth. In addition to these symptoms the patient mentions being sometimes shivery, and that she perspires usually in the morning, after coughing. Pulse small, soft and rather accelerated, 90 to 96 per minute. She has not been unwell for eighteen months, and both her feet are œdematous, especially at night.

The appearance of the patient, together with the above-named physical signs, led me to regard the diagnosis of the former medical attendants as mistaken when they pronounced the disease *phthisis pulmonalis*, and I was convinced it was bronchial blennorrhœa, and therefore gave a rather favorable prognosis, which the parents heard with incredulity. The diagnostic marks, which in greater or less degree are present in every case of advanced phthisis, were wanting, such as tuberculous matter in the sputa, dull sound on percussion over a limited space, especially under one clavicle, cavernous râles, and pectoriloquy along with hectic fever and colliquative sweats;—nothing of all this was to be observed.

I commenced the treatment on Feb. 10th with Dulcamara 6, of which the patient got a dose every evening. In a fortnight I heard that the dyspnœa had somewhat diminished, the appetite somewhat increased, but that all the other symptoms remained much as they

had been. The medicine being continued however, her cough became less troublesome, with diminished expectoration, and her strength evidently increased. In the beginning of April I changed the medicine, for the improvement had come to a stand-still; there was more œdema of the feet (perhaps from increased moving about), and leucorrhœa was added to the previous symptoms. I now prescribed Arsenic 6 and China 4, on alternate evenings. I also desired her to drink new milk, to which she had had the previous year an invincible disgust, but could now take with relish. Under this treatment the next two months my patient improved greatly, got rid of the most serious symptoms, acquired an excellent appetite, regained her flesh, and became so strong as to be a material help to her parents when more than usually busy; her cough and expectoration were much lessened, and the swelling of the feet and fluor albus quite disappeared: the medicines were therefore not changed. I saw her again at the end of July, and was delighted to see the alteration which had taken place in the health of the young woman since our first interview five months previously. The thin limbs had filled out into firmness and roundness, and instead of the dull encircled eyes staring out of a pale, hollowed-out countenance, I saw a pair which gleamed with enjoyment of life, and corresponded not amiss with the rosy cheeks. A careful examination of the chest shewed no remaining trace of the disease, and indeed the expectoration raised by the cough during the day-time was scarcely worth noticing. It quite disappeared under the use of Sulphur 3 every second evening, and towards the close of September as the crowning sign of restored health the catamenia made their appearance. Since that time the patient has, with the exception of a slight relapse in the ensuing winter, continued perfectly well, and the following year became the wife of a worthy farmer.

In the treatment of this case the same good fortune did not fall to my lot as to so many of my colleagues in whose histories of cases we see the most inveterate diseases give way to their prescriptions with incredible promptitude; but though it took me many months to effect it I reckon it one of my most successful cases. Sceptics, such as Krüger-Hansen, who refuse to recognize in homœopathic remedies any positive activity, will of course deny that the cure was a consequence of the treatment, while to me the connection is clear as day. If, as is natural,

one felt inclined to attribute to the warm weather some salutary influence over the complaint, I may bring to mind that previously to the homœopathic treatment she had been ill for two summers without the least improvement in her condition. The cure of this case made the more noise in the neighbourhood that the previous medical attendant had spread it abroad that it was one of incurable consumption. The consequence was that I was sent for by a number of persons who had long been sufferers from tubercular disease, and applied to me full of hope of a cure. It was painful to be able only to afford them palliation of their sufferings.

— Finck, aged 46, a rope-maker of relaxed habit of body, had experienced as a boy various forms of scrofulous disease, and when a little older used to bleed at the nose and periodically to expectorate blood in quantities. He was exposed to all sorts of weather at his work, and the consequence was a chronic affection of the chest, which increased year by year. He used to cough up with great difficulty an immense quantity of mucus, with consequent extreme exhaustion, but was still able to pursue his occupation, with occasional interruptions. Summer used to bring him some alleviation, but the symptoms as surely returned with heightened intensity in autumn and winter. Domestic remedies of various kinds afforded no relief, and the prescriptions of several physicians no more; on the contrary, the last few years he had been considerably worse. Towards the end of January 1844, I was called in to see him when labouring under an alarming attack brought on by exposure to cold. The uneasy and darkened countenance of the poor man betrayed the restlessness and anxiety which he was feeling; he could not, from dyspnoea, remain lying down, but was sitting up in bed, his chest bent forward to force with vast efforts the air into his lungs, and the respirations had risen to 40 per minute; the heart beat strongly; the cough violent and accompanied with whistling in the tubes, contrary to common only brought up a little tenacious serous expectoration streaked with blood, and caused burning or rather smarting pain along the course of the bronchial tubes; the pulse was small, rapid and rather tense; great prostration. The tongue loaded, no desire for food, ardent thirst, urine of a fiery red. These symptoms, together with the physical signs (vesicular whistling and chirping râles) made it apparent I had a case of bronchitis before me. It

was successfully treated (January 20th to February 9) with Aconite, Ipecacuanha and Arsenic, the complaint being resolved with appearance of general sweats and sedimentary urine, while latterly there were abundant sputa. The patient's state was now just what it had been for years, but with the superaddition of extreme weakness, which yet remained from the bronchitic attack, and very marked emaciation. The general, as well as the local symptoms, now presented a striking resemblance to those detailed in the former case, and clearly indicated *phthisis pituitosa*. There was one difference however in the physical signs; viz., the existence of distinct pectoriloquy, which seemed to me, in the complete absence of tubercular matter in the sputa, to indicate dilatation of the bronchi. Without going into the minutiae of the treatment, it may suffice to say that under the use of Dulcamara, Stannum and Phosphorus, at low dilutions, continued till towards the end of March, the patient greatly improved; but when I then began to give China in alternation with Arsenic, he made such rapid progress and in particular gained strength so fast, as to be able in April to resume his laborious occupation, and though the complaint was not altogether removed, and he still had in the finest weather some difficulty in breathing, and coughed up some mucus, yet the condition of the patient was so much improved as to enable him to undergo exertion he had declined for years, and he became visibly stouter. I had no occasion to give him more than an occasional dose of medicine whenever in consequence of exposure to cold or wet his complaint was aggravated, until in the beginning of 1850, when, in consequence of my absence in Schwerin, he was obliged by a sudden attack to consult an allopathic practitioner, who quickly sent him to another world.

ON THE HOMŒOPATHIC TREATMENT OF YELLOW FEVER.

BY BENTO JOSE MARTINS,

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*(Read before the Hahnemann Medical Society, June 3rd, 1851. *)*

IT is a matter of notoriety that the yellow fever had the greatest number of victims in Brazil, and particularly in Rio de Janeiro in the year 1850. This epidemic having broken out in the province of Bahia, the inhabitants of the capital, which is not very far distant, then began to fear lest the plague should appear among themselves, which they as yet knew only by name. Unfortunately their fears were soon realized. But what could they do totally unprepared as they were for its invasion in a country which had hitherto enjoyed the most perfect salubrity? At first they contented themselves with simply affording the best aid they could to those affected with this terrible fever, which they afterwards set about studying, but whilst the medical world were occupied with discerning whether it was or was not the disease of Sion which thus spread with such frightful rapidity, the epidemic continued its ravages in spite of all the hygienic means used. I must here do justice to the disciples both of Hippocrates and of Hahnemann to say, that none of them failed to lavish with zeal, the most assiduous attentions on the sick, in the midst of the cries of pain and despair and of the groans that resounded on every side.

We know how difficult it is to pronounce an opinion respecting a disease that appears for the first time in a country, especially if it present symptoms so varied as those observed in the epidemic that lately prevailed in Brazil, and if we are now able

* We beg to express our acknowledgment to Dr. Henriques, for kindly translating the latter half of this paper, which was read in French by Dr. Martins.

to give a succinct description of it and to tell its nature and cause, this is because the plague having passed away has left behind it a great number of observations, from the examination and comparison of which, we may draw conclusions more or less positive.

We may therefore now say that the causes that contributed to the appearance of the yellow fever in Brazil, were numerous. In the first place we should mention the notable changes observed in the climateric constitution of Rio de Janeiro during the year 1849, and produced by a dryness such as there had not been for a long time; by the extreme heat which was felt in summer, by the non-appearance of the necessary and frequent storms in that season to refresh the burning soil; by the absence of sea-breezes called *virações*, which prevail ordinarily from eleven in the morning till five in the evening, extending far up from the coast into the interior, like an immense ventilation established by the wisdom of nature. To this principal cause we ought to add others of an effect more or less direct, such as the arrival of numerous emigrants on their way to California, who encumbered the streets of the capital; no sanitary measures being taken in regard to these persons, who generally came from places where epidemic diseases prevailed; the introduction of negroes often affected with serious maladies contracted on board ship where they are confined in narrow, dirty and ill-ventilated holds; the constant concourse of people who continually came for the purpose of spreading themselves throughout the empire and establishing themselves there, who almost always passed through the capital, where they stayed and thus formed at certain periods an increase of the population; the regular prevalence during all the year of gastric affections of greater or less severity; the appearance of fever of the same nature, which, in summer, often present ataxic and typhoid characters, giving rise to great purulent deposits, and even to the formation of numerous abscesses near the joints. Such are the numerous causes added to the neglect of measures of public hygiene, to the bad state of the drains, and of the sea shore where all sorts of refuse were usually thrown, to the continual disengagement of infectious miasms by the action of the heat, which considering its long continuance

would naturally be expected to give rise to some serious epidemic in the following autumn.

Without doubt, gentlemen, the man of science who at that period attentively observed the sanitary condition of the population of Rio de Janeiro (the number of sick persons was extremely limited) in the midst of this principle of death; who felt the heavy state of an overpowering atmosphere in the latter months of 1849; who saw the usually pure and transparent sky of Brazil concealed by a veil, a sort of fog, of lugubrious appearance, composed of myriads of corpuscles produced by the decomposition of organic matters, disengaged from immense focuses of infection; no doubt, I say, the man of science who attentively considered all that would have been very much astonished at witnessing this sort of torpor or inactivity of the elements of destruction in which the city of Rio de Janeiro floated as it were, anticipating for its inhabitants a *denouement* terrible in proportion to the slowness of its arrival. It was evident that once the inflammable materials that had been long accumulating were ignited, the conflagration would infallibly spread with a force and intensity equal to that which had kept them in an inactive state.

These fears, the simple results of a study and examination of the condition in which the inhabitants of Rio were placed, became every day stronger as autumn approached and as cases of malignant fever were observed to occur.

They assumed a substantial shape, when the steamer *Pernambucano* arrived from the northern parts of the empire on the 13th December 1849, bringing the information that there had appeared in the province of Bahia a fever, which the population designated by the name of *polka*. The apprehensions increased on the arrival of the corvette *Don Joao* 1er., also from Bahia, although its worthy commander had avoided all communication with the main-land, because he had had on board during the passage, five men attacked by the fever which prevailed in the town whence he had sailed, two of whom had died. Finally the steamer *Imperatrice* arrived on the 20th December, and brought the opinion of the board of health of Bahia, but although it de-

clared that there was nothing contagious or fearful in the disease, and that it offered no peculiar features, it was impossible not to perceive that the disease was of a very serious character, since it attacked chiefly the nervous centres and altered the *hematose*, to use the expression of the board, and because it generally manifested itself with gastric, typhoid and apoplectic symptoms.

We should add that on the 5th of January, information came to Rio by the steamer *St. Salvador*, that the epidemic had made enormous progress in Bahia. Since the 25th December, thousands of individuals, natives as well as foreigners, had been attacked by it, but it was amongst the marine population, and principally foreign sailors that it committed the greatest ravages, for up to that period 114 had succumbed. The official communication of the president of Bahia, gave the number of persons who had been attacked up to the 1st of January at 20,000, that of foreigners dead 160, who were almost exclusively sailors; it further stated that the disease was supposed to have been introduced by a ship coming from New Orleans, having affected persons on board, of whom several had died during the voyage.

Incomprehensible as it may appear in Europe, notwithstanding all that I have related,—whether it be that at the time the news of the spread of the plague was received, there arrived at the same time consolatory accounts which announced it to be of slight character, and expressed a hope of its speedy disappearance, or that it was supposed that it would not extend to *Rio*—it never occurred to the authorities to take sanitary measures in regard to vessels coming from the northern parts of the empire, in order to avoid the introduction of the epidemic into the capital, the principal centre of the population of the country. Undoubtedly we had to deplore great losses, but it was a wonder that we did not pay still dearer for the absence of the necessary measures which prudence demanded in the interests of the community at large, and in particular of commerce, which fear, for an instant, so completely paralysed.

I ought to mention that Brazil is one of the most healthy countries in the world, and after this circumstance, which none can deny, it was painful to witness it invaded by an epidemic

imported from unhealthy regions. In spite of the negligence of the municipal authorities, this country always presents to the eye of the stranger who lands upon its borders a magnificent and smiling aspect. It is not a blind love of the soil that has given me birth which leads me to make these remarks, no, the salubrity of the climate of Rio de Janeiro has almost become a proverb in reference to diseases which have occasionally been introduced before this time, and which have always gone off of their own accord without causing any extensive ravages, * though no hygienic measures had once been taken to prevent their propagation.

On a consideration of this, it really appears as if the epidemic elements encounter a powerful opposition to their development and to their spread in our medical constitution.

This then, gentlemen, is what I deem it necessary to say regarding the introduction of the yellow fever into the capital of the Brazilian empire. I have attempted to give an idea of the disease, I shall now endeavour to describe its different phases, and then I shall come to speak of the treatment, in order to acquaint you with the splendid results obtained by the employment of the homœopathic system.

If in this rapid review you perceive any lacunæ, as you will no doubt, this is not a circumstance to arrest me, you will easily supply them by the extent and variety of your acquirements.

Symptoms of the Yellow Fever.

The disease which is the subject of this essay, came on almost suddenly amongst us, just as it did in the different countries in which it has appeared, without any of those precursory and peculiar phenomena which generally characterize the invasion of an acute disease. It attacked every one without distinction, and under all sorts of circumstances. Thus it sometimes occurred when the person was at rest and had no reason whatever for expecting it, sometimes it surprised him in the midst of the ordinary occupations of life, sometimes during sleep, and almost always without any phenomenon indicating its approach.

* I allude to the scarlet fever that appeared in 1844, and to the rheumatic fever that prevailed in 1846.

The favourite victims of the pestilence were as I have already said, foreigners unaccustomed to the climate.

First period.—The disease in general first manifested itself during the night or towards morning on getting out of bed. The first symptoms which were felt were, extreme cold, intense horripilation exactly like that which precedes intermittent or remittent fever, sometimes headache, nausea, vomiting, either of mucus or food: the pulse was contracted, weak and quick. This state, the duration and intensity of which were very variable, was almost always succeeded by a severe headache, which was felt principally in the supraorbital region, the back of the neck, and the temples, but more in the two first; also tearing pains like those of rheumatism, and sometimes even real cramps in the legs and the thighs, before or after which appeared pains in the lumbar region, in the vertebral column, and in the iliac and inguinal regions, particularly in these last. At this point a febrile action manifested itself, in some cases it appeared slowly, in others with extreme rapidity, and attacked instantly the whole periphery. The breath was burning, and breathing rather difficult; the pulse was hard, full, and quick, but sometimes it was only full and quick. The cheeks became bright red and turgid, the conjunctiva was injected, the temporal arteries appeared bursting, and pulsated with violence.

The tongue which at first was pale, large, moist, and tremulous, became red at the edges and loaded with yellow, but oftener with white fur, at times dry and parched, with a dark red line about the middle. With some patients there was vomiting of mucus and bilious matter, sometimes mixed with streaks of blood and blackish clots, others only felt nausea; others again, but these were the exceptional cases, were attacked with black vomit, either in a slight degree or very abundant, sometimes before and sometimes after the vomiting of bile. Generally the patient had burning thirst, but sometimes all liquid was quite repugnant to him. The abdomen was soft and painless at first, but afterwards it became hard and painful, either when pressed or not, particularly in the epigastrium, and in the right hypochondrium. In cases of frequent vomiting, the patient complained of feeling a weight from one hypochondrium to the other.

Second period.—With the natives of Brazil, the disease usually ceased with the first stage, and they began to be convalescent, but it was not so with persons of impaired constitution, or with those who were not yet acclimatized, for with them, besides the symptoms already enumerated, there were added others still more severe. All the symptoms which indicated the yellow fever in its first stage, were more strongly developed with them, and other symptoms, particularly hemorrhages, contributed to render the physician's prognosis unfavourable.

The symptoms of the second period manifested themselves generally after an intermission or apparent amelioration, which lasted sometimes for hours, sometimes for days.

This intermission deceived the patient who believed himself to be cured, and even the experienced medical attendant may sometimes confound this momentary amelioration with the radical cures he has effected in favourable cases. Sometimes however, there are signs which announce to the physician that the combat between life and death is not over. These signs are sleeplessness, general uneasiness, continual drowsiness, the continuance of headache, a sad and languid look, prostration of strength, decubitus, breathing rather oppressed, the continuance of febrile action, intense thirst, trembling and dryness of the tongue, crust on the lips, difficulty to expectorate, with desire to vomit, frequent eructations, the conjunctiva injected and yellow, urine scanty and filled with sediment, feeling of constriction in the œsophagus, a burning heat in the stomach, accompanied with pain. Sometimes however, but in rare cases, instead of the symptoms just related, the symptoms of the first stage re-appear, exactly resembling a severe intermittent or remittent fever, with nocturnal exacerbations, and it is generally only during the third paroxysm, that the symptoms of the second period are unmistakable.

Such is a summary of the second period of the yellow fever, which either terminates in death, or passes into the third, and is often accompanied by epistaxis or other species of hemorrhage.

Third period.—This third stage of the disease is known by the increased intensity of the symptoms described in the two

first, sometimes they increase without interruption, at others they seem to make a pause, only to re-appear with more violence and to hasten death.

We must confess, however sad the fact is, that in the third period the efforts of nature and of art were almost always powerless in preserving life. It was generally about the fifth or sixth day, rarely sooner or later that the symptoms appeared most severe, and that the patient sank. During this period the strength failed rapidly, extreme prostration, tongue and lips parched, contracted and cracked, covered with sanguineous crusts, of a very dark red, teeth fuliginous, gums livid, soft, exuding black blood, sharp pain in the stomach, which felt to the patient like a ball and tormented him much, extreme anxiety, hiccough, carphologia, black vomit, getting darker and darker and more frequent,—then comes the end of all these horrible sufferings, and of all here below,—death.

Treatment.—Yellow fever presents three distinct progressive periods; during the first—*aconite*, *pulsatilla*, *belladonna*, *nux vomica* are generally employed; during the second—*nux vomica*, *nitrum acidum*, and *mercurius sol.*; during the third—*arsenicum*, *argentum nitricum*, *digitalis*, *ergotine*, *phosphori acidum*, and when there are also black dejections, *helleborus*, all with much success.

It is with these medicines that we have obtained the best results, whilst with allopathic medicines of the old school, all was lost in useless experiments.

It is in every disease an unpardonable absurdity to prescribe an uniform treatment, more particularly with yellow fever. What we have indicated under the head of treatment, ought not in any way to be considered as an invariable rule, but simply as an enumeration of the principal remedies employed with success by the homœopathic physicians of Rio de Janeiro, without denying that there may be other homœopathic medicines which may produce the same results.

Statistics.—The number of persons attacked with yellow fever and treated at the homœopathic dispensary, Rue de Guitanda, No. 11, by myself and Drs. Arambuja, Cesares, and Silva Pinto,

from the 25th February to the end of April, in the year 1851,
was—

	3256
Died a few hours after first visit - - -	56
Died in forty eight hours - - - - -	32
Died between first and ninth day - - -	139
	<hr/>
Number of deaths - - - - -	227
Cured - - - - -	8029
	<hr/>
Total - - - - -	3256
	<hr/>

According to these figures the mortality of homœopathically treated patients did not rise to seven per cent., and I am convinced that it would not have reached five per cent. if those persons to whom it proved fatal, had not first had recourse to allopathic remedies.

For our part, we did all we could to save those persons who placed their lives in our hands, and I hope we will be pardoned for the pride we feel in saying that our consciences do not give us a single reproach on their account.

It is true that all the medical men of Rio, showed in that trying time, zeal, courage, and feeling, but figures will speak for the result obtained by the two opposite treatments, that homœopathy saved the lives of a fourth, or at least of a good fifth of the population of Rio who were attacked by this scourge.

I will add nothing more on the subject of this epidemic, which with the breath of death swept across Brazil, but about which I could say much more, if it would in any way be useful to you, and if this were more than a reminiscence of facts which passed under my observation.

Without any documents, but merely from memory, I must crave all your indulgence for this incomplete paper, written by a foreigner, who in passing through your land has hardly time to admire the scientific works of the old world, as well as the men of talent and energy who give the impulse to them and direct their progress.

CASES,

BY DR. LIEDBECK.

To the Editors of the British Journal of Homœopathy.

GENTLEMEN,—As a supplement to my former contribution to your Journal from Dr. Liedbeck, allow me to present you the following interesting observations, extracted from different private letters which I have received from my distinguished friend, who has kindly given permission for them to be published.

I remain &c. A. GEORGI.

CASES.—In consequence of the "*Erfahrungsheillehre*," and especially the physiological proving of the action of *ferrum aceticum* by the followers of Rademacher, my knowledge of this remedy has become much clearer. According to my opinion, that composita chemica act according to their constituent parts, this preparation of Iron has not only been more used, but also with much success in a great number of cases. This has especially been the case in severe hæmorrhages of the womb, in which I have employed the same doses as Rademacher, viz., 30 drops *liquor ferri mur. oxyd.*, Ph. Bor. to *gummi*, 3 ij, and *aq. distill.* 3 viij. I have given from one teaspoonful to a tablespoonful in an hour, according to circumstances.*

Even hæmorrhages resulting from cancer have diminished in consequence, more than from any other remedy. The loss of blood from any cause whatever, even from excoriations of the vagina, has either diminished or the patient has notwithstanding felt herself stronger and livelier. But I have also in some cases obtained a perfect cure, where there were no indications for the use of *sabina* or *crocus*, which, generally, as well as *belladonna*, *china* and *secale cornutum*, have been my best remedies. The allopathic physicians highly praise various Acids, but I have seldom seen cures that can be attributed to them. I have already given in the "*Hygea*," some successful cases of hæmorrhage of the uterus. I subjoin here a very satisfactory one, which I cured by Iron alone.

* Dr. Norcus, of Norköping, has succeeded in a case of bleeding from the womb, by giving globules of Tr. Ferri. aceticæ.

CASE I.

The wife of a painter, Mrs. Begens, born 1816, and mother of two children, had always profuse menstruation. She is fair, and short in stature; she has had easy confinements, attended however with severe consequences. After her last confinement four years ago, she has suffered from constant hæmorrhage of the womb every month, with the exception of eight days. When the flow returned, it was then always considerably increased. She suffered during her last confinement with a great deal of inflammation of the womb, accompanied with pains and tenderness of the abdomen, and she has frequent fits of tears. Besides other debilitating losses, she had been repeatedly purged by the midwife. The patient consulted me on the 8th July, 1850. I found upon examination, the blood of a colour like that of a cherry jelly, but dark.

The neck of the uterus was swollen. The hæmorrhage prevented all further examination. The patient said she was tender in coitus. She had a soreness at the chest and a feeling of anxiety, and experienced great difficulty in ascending a hill or walking up stairs. I prescribed *liquor ferri. mur. oxydat.*, Ph. Br., gtt. xxx, *gummi arabici*, 3 ij ss, Aq. 3 viij ss, to take one tablespoonful in the hour. She visited me again on the 10th, and said that she had felt very sleepy after taking the medicine, had a slight pain in the stomach, and some dark and loose evacuations from the bowels; but notwithstanding, she found herself better, and the bleeding was diminished. There was however soreness about the os coccygis, and some difficulty in sitting. I could now examine the uterus, and found it with the orificium uteri situated to the right; the right leg was swelled, which she said had been the case ever since her delivery. The bleeding was cured the 12th of July, after four days treatment.

The patient visited me again on the 22nd of the same month, having met with an accident, for which I administered *collodium arnicatum*. She had none of the bleeding from the womb, which had lasted for four years, had gained in flesh and appearance, and was according to her own expression, quite another person. Could these results be obtained by high dilutions of iron, or of any other remedy? I do not believe it. At all events, those who

employ the higher dilutions, would do well to publish their success. I have repeatedly observed on myself, loose and dark evacuations by proving the *liq. ferri. mur. oxyd.* Ph. Br., but I did not lose in flesh as Rademacher tells us was the case with himself, or as Dr. Ekwurzel has verified. This was also observed on Captain E.

CASE II.

A gentleman from Norköping consulted me about a year ago, for an indurated chancre. I succeeded in a couple of months by giving *mercurius* and *cinnabar* 1, 2, and afterwards, when the chancres became elevated, by giving *thuja*, in healing the sores. The observation of Ricord however proves correct; the patient suffering secondary and tertiary forms of the infection when the cold season had set in. He then consulted the allopathic physician in the neighbourhood, who treated him though unsuccessfully during a period of six months; after which he consulted me again, and I found the eyes much inflamed, the whole face a syphilitic mask, pain in the bones during the nights, that prevented every attempt to sleep. As soon as I saw him, I found that *iodide of potassium* must be the remedy. It has been highly recommended under similar circumstances, both by Ricord and Lobethal, although in different quantities. I gave à la Lobethal * 20 grains in $\frac{3}{4}$ viij ss, water, with a prescription to take one tablespoonful morning and evening. The patient slept the second night, the following night still more, and on the third the sleep was as sound as when in full health. The patient was free from pain within the first week, and not only were the eyes better, but the eruption on the face was getting more pale. I now employed Sulphurated Milk, (à la Kopp†) externally, in consequence of the itching in proportion as the face healed.

CASE III.

As you remember the intermittent fever of Master Fr. W—rg did not yield either to the allopathic treatment, to the water cure, to the treatment by movements as little as to the remedies

* From *Allg. Homœop. Zeitung* 18 B. No. 14, p. 25.

† From *Oesterreich. Zeitschrift für. Hom.* 4, B. 2. Heft. p. 448.

I employed according to homœopathic indications, viz., *arsen.*, *lycopod.*, *ipéc.*, *opium*, *nux v.*, *ignat.* etc. Only *sulph.* 2 gave some temporary relief. I observed at last the peculiarity that every change in the weather made him worse. This indicated to me the use of *electricity* (in the form of *galvanism*). He was relieved after the first application, and after the third operation he was cured of his intermittent fever of two years' standing.

CASE IV.

Amongst the remedies recommended by Rademacher, and which I have now and then employed, none but *cochineal* has produced a true homœopathic aggravation. Mrs. Gothark always derived relief from this remedy when I gave her the 3rd decimal dilution, but her cough reappeared as soon as she left off taking the remedy. I was at last tempted to give 3 j with 3 j ss Sacch. Lach. a teaspoonful. She got worse, but the old doses gave her relief even in this stage.

In cases of asthma, complicated with affection of the kidneys and turbid urine, the strong doses à la Rademacher were employed and produced relief, but when the patient was irregular in his diet there was a relapse.

CASE V.

The Countess P. has besides turbid urine suffered formerly from Morbus Brightii, according to the diagnosis of Dr. Huss. She has of late had a fit of unconsciousness and absence of mind. *Cochineal* gave her more relief than any other of the remedies previously employed. (There is an excellent proving of *cochineal* in the *Oesterreich. Zeitschrift für Hom.* V. iv, 5 heft.)

CASE VI.

Dr. Ahlberg, an Allopathic Physician, of Stockholm, delivered over to my care the Baroness G., at the end of last winter. The following is an outline of her case and cure. The patient, aged 50, is of English extraction, tall, with brown eyes; had enjoyed good health up to 1837, when she became ill with vomiting. She had previously been affected with flatulence. Treated by various allopathic physicians, she had since that time gradually become an invalid. The patient has been blind in the

left eye for seven years. The complaint was gradually coming on from a mere decrease of the power of vision until it was entirely lost, after one year's duration. She had been treated by Dr. Minton as if the affection depended on abdominal disease. Another surgeon had only used local rain douches, which appeared to be more beneficial to the patient. She had an attack of measles after the vomiting in 1837, and from that period the ophthalmic complaint can be traced. The eyelid of the affected eye is tender; the vomiting has since then reappeared at times, with taste of blood and slightly tinted with it; but these symptoms have ceased during the last year. There is uneasiness and palpitation of the heart at the most trifling occurrence. The patient does not sleep till after 2 o'clock in the morning, she rises late, and is then worse. Her temper is better the less she sleeps; sleep in the afternoon increases her ailments; all the symptoms are increased if she rests on her left side, particularly the palpitations of the heart; she cannot bear a warm bath; but cold warming compresses on the stomach are agreeable; the feet are cold, although in some measure better since washing them in cold water; she likes to drink cold water even when iced; her catamenia are interrupted since last autumn; she suffers from heat and disquietude during the night; clammy perspirations in the afternoons; she has a dry cough, only sometimes with expectoration; generally feels chilly; she cannot eat fish, vegetables, or milk; beer and stout, and other so-called strengthening remedies produce the same effects. She has a difficulty in getting warm in bed, and has a feeling as if something were running between the skin and the bone on the right side, as if it were piercing through; perspiration during the night after midnight, when she is at the worst; at 4 o'clock in the afternoon she feels there is a constant exacerbation. If sitting with her legs down, she has tearing pains in the chest and stomach, and feels weak in the arms; whilst walking she feels sooner tired in the arms than legs; now and then formications in the whole body, which are often foretold by a sort of dragging in the left eye, and a trembling sensation as if frightened; smoking of tobacco, to which she has been accustomed, seems to lull all her sufferings; she has almost always strangury, with uneasiness in the body.

The water of Porla* is the only water she has derived any benefit from, and next to that, Marienbad did most good. Enemata of *chamomilla* and *millefolium* had relieved the strangury. In five confinements, $1\frac{1}{2}$ year between each, she has suffered much from strangury. Has only nursed once. There is a pain in the back (lumbar region) where she even fancied she was swollen, principally on the left side, from the period of her first being in the family way. The patient becomes pale during the course of the winter. Can take tea better than coffee. She drinks little, but makes still less urine. Cannot take strawberries and new milk. After eating has a sour taste in the mouth. Leucorrhœa to such an extent that her linen is quite stiff, but never before her confinements. Weakness in the legs and all over the body. She was subject to strangury even when a girl, owing to riding great distances in a carriage. When other ailments get better she feels all the worse in the back. The father died of stone in the kidneys, and the patient resembles him in appearance. During her visit to Porla she passed some gravel, and the physician thought her kidneys affected, but no other physician who was afterwards consulted was of this opinion. *Nux vomica* in large quantities made her worse. The patient cannot pass water in a reclining position, so consequently was obliged to have recourse to the use of the catheter, when she is very weak during her confinements. She is worse during the spring and autumn than during summer and winter. The patient was worse after an intermittent fever whilst in Upsala; she afterwards used artificial baths. There had previously been slimy deposits in the urine, but not at present; the water passes always with difficulty. The right arm drops benumbed after having been moved. She used to nurse a great deal when a girl. During the illness of her grandfather and grandmother she used to lift and attend them, &c. Constipation of bowels.

It was not easy to find a proper remedy for these complicated symptoms. I gave at first *opium* 3 gtt. j. The following night was quiet and comfortable, to the great astonishment and satisfaction of the patient and her friends. *Opium* could, however, in my opinion only rank as an intermediate remedy. The fol-

* A celebrated Swedish watering place.

lowing observation of Dr. Lobethal, and which has been of great value to me in practice, assisted me in selecting the principal medicine ; it has, however, in no case been so entirely useful as in the present : " The mildest restorative for the principal agencies of our system, for an increased excitability of the nerves and oppressed irritability, is *acid. phosph.*, to be employed under the following circumstances, viz., in cases of continued want of sleep, mental anxiety from watching a sick friend or relation ; in any distress of mind consequent on any misfortune, it is a signal remedy. In cases of weakness and irritability, or, on the other hand, excessive depression, low delusions."* This hint and a comparison of the symptoms pointed out *phosph. acidum*, and I gave the patient accordingly of the first centesimal dilution. It always produced sound sleep, and the patient during one month was so much better that she could leave her room and take a walk, was in good spirits and appearance, and had almost left off smoking. I used *ignatia* externally for a spinal irritation, as an intermediate remedy, as Dr. Buchner recommends.

After an examination of the uterus, which was in a normal state, I found the abdominal walls beneath the navel to be very relaxed. On lifting them up by pressure of the hand, the patient became more upright, but she seemed otherwise to be pulled forwards in a stooping position by the weight of the abdomen ; accordingly I ordered the stomach bandage of Dr. Paule, upon the improved method of Banning, on the application of which every pain in the pit of the stomach disappeared, which invariably occurred before when she tried to keep herself quite erect. I had previously cured the formications on the skin by infusion of *secale cornutum*, and during the winter her cold feet, by touching them with ice. The relations of the patient have also become converts to our doctrine ; thus I have cured the husband of a local cold spot on the thigh, and the cold feet of one of the daughters, by quickly touching the parts affected with ice. For this gentleman, who had swollen feet after a gastric fever, which had been treated with purgatives, I prescribed *phosphat. ferricum* 3, from the chemists, which here also deserves the epithet

* From *Allg. Homœop. Zeitung*, 13 V. No. 2, 1838.

of tonicum, since it cured the swollen feet. The patient had after the gastric fever a strong desire to eat salt; swollen feet returned, as well as fainting. I now gave him the Hahnemannian salt antidote (*spirit. nitri dulcis*), one drop morning and evening, and now and then to smell it, forbidding him at the same time to use any thing containing salt. The patient after one week expressed his entire satisfaction with this regimen. He is now perfectly well.

CASE VII.

Mr. Lemberg, civil engineer, a native of Denmark, middle aged man, married in Sweden, has suffered during a year from intermittent fever, with several relapses, and had always been allopathically treated with Bark and Quinine, in large doses, partly when in Denmark, partly in England, and even here; consequently he suffers from a blowing noise in the ears, and still more from a pain in the stomach, which, although only momentary, is diminished by eating, but reappears soon afterwards. With the exception of smoking tobacco to excess, it appears that the patient is of a regular habit of living, and is of a strong constitution. He has spent half a Swedish fortune on doctors and chemists without finding relief. A relation of his, cured by homœopathic treatment, brought him to me. The pains in the stomach occurred between 12 and 2 A. M., and between 6 and 8 in the evening, and were intermittent, whether the patient had taken food or not. The patient could not give a full description of the nature of the pains. Their intermittent character and cause, their alleviation by food, as well as several instances of pain in the stomach having been cured by the remedy which in this case also would act as an antidote against the excessive dosing with *china*, decided me upon employing *sulph. acidum*. The following symptoms were mentioned to me, viz., the act of involuntary swallowing, which always occurred when the patient touched dry objects. At the same time dryness of the throat alleviated when the top of the fingers were moistened. These symptoms, which were clearly to be referred to something like the effects of China (an aggravation by touch), prompted me still more to use the antidote against this remedy. I did not for the moment remember other colleagues than

Dr. Ægidi, after Boenninghausen,* who used this remedy as an antidote, but its physiological action and therapeutical effects in affections of deglutition,† which here might be compared with singultus, and which symptom had been promptly cured by Dr. Schneider in Fulda, by *spirit. sulph.*‡ Jacobson, Duncan, and others, have observed that stomach-ache with hiccough are produced by *sulph. acid*; I therefore prescribed this remedy, and as we have good authority for the use of it both in small and large doses, I gave one drachm *mixt. sulphurici acidi*, ph. Bor., to be taken one or two drops daily. I also remembered the cure of Dr. Werber's case of cardialgic pains being obtained by similar doses. The action of alcoholic liquors and Quinine also in some measure correspond, and *spir. sulph.* acts as an antidote to both. The effect surpassed the expectations of the patient still more than myself. He took the first dose 22nd of Nov., 1850, and immediate relief of the stomach-ache followed. The doses were repeated every time the pains ceased. The patient of his own accord altered the doses to two drops at a time. After a severe aggravation with colic pains, partly caused by the fault of the diet (the patient having eaten pickled Gorse à la danoise with laurel leaves and onions), which occurred on the 4th day, and which was relieved within a couple of hours by the employment of an enema of luke-warm water, the patient was from the 5th day completely restored, and is at this moment a model of strength and health. The homœopathic aggravation, in case it was not the result of the fault in the diet, on the 4th day, might have been avoided had not the patient doubled the dose. It is, however, possible that the same good results might have followed from still smaller doses and a higher dilution.

CASE VIII.

I give the following Case as an instance of the success which I have occasionally met with in stomach-ache treated homœopathically. Miss Sjôstedt, aged 20 (whose mother died through bleeding from the womb), was treated without

* *Allg. Homœop. Zeitung*, 30 B. No. 22, page 352.

† *Lippich. Bull. generale de la Therapie*, 1846, Juin.

‡ See *Wochenschrift für gesammte Heilkunde*, No. 22, June, 1849.

success allopathically by Dr. Lemke with *subnitras bismuth.* 3 j, *extract. conii* ℥ ij, *extract. nucis vom.* ℥ j, and *syrup q. s.*, made up into 60 pills, to take 8 morning and evening. She complained of stomach-ache, which she felt here and there "flying about," quoting her own words; also for some days leucorrhœa. The long drawn expression of the right side of the face, in comparison to which the left appeared much broader, so that the profile to the right and left was quite different, immediately attracted my attention. The patient in answer to my questions said she used to lie on the left side (only now and then on the other side when the diseased side is not tender). The figure was round; the look of the eyes dull; the complexion rather pale. The percussion on the right subclavicular fossa was both duller and more resistant than the left side; sometimes the patient was said to have had expectoration tinged with blood; she was out of breath with walking. There was itching on the scalp; she said that headaches from which she used to suffer had disappeared since the pain in the stomach began. Purgative remedies, according to her account, had in some measure relieved her, but not the pills. On the 7th Nov. 1850, I prescribed *ol. jecoris aselli aur.* 3 j ss, to be taken one teaspoonful at breakfast and dinner. On the 22nd of the same month she said, she was free from stomach-aches and the whites, and felt quite another person; only some itching in the scalp remains, whether it was in consequence of psora or tubercular diathesis I do not pretend to say. I have somewhere seen in the medical periodicals, that a stomach-ache has been cured by *cod liver oil*, (in large doses however,) when other remedies have failed. In this case I was directed by the objective symptoms of the pulmonary complaint to use this remedy in small quantities, which I have found acts as a greater stimulant to the oppressed respiration than the large doses, which sometimes oppress it, and besides produce indigestion with or without stomach-ache.

CASE IX.

I have already related how Mr. F. W——g was cured of the ague, by the use of Cherwood's magneto-galvanic apparatus,

but it is still more interesting to note that by four galvanic applications by the same apparatus I cured a young lady, Miss F——y, aged 7, of an intermittent fever which had lasted four years and ten months. As a proof that the cure was not accidental, I may mention that there was in consequence expulsion of matter with ulcerations at the top of the fingers. Quack-cures, allopathic treatment with bark, as well as the cold water-cure, were previously used without success, as well as apparently half homœopathic remedies, viz., *calcareæ*, *hepar sulphur.*, &c., which only ameliorated the appearance of the patient, and diminished the volume of the stomach. Hahnemann mentions in the *Organon*, that the intermittent fever has been cured by electricity, but I do not know if any one before me ever used the galvanic form of it in this disease.

CASE X.

As a supplement to what I have said in the *British Journal of Homœopathy* I may mention that in a case of chlorosis, where *R. ferri acetici* had failed, I witnessed immediate relief from *ferrum metallicum* O, 1 gr. in a quarter of a pint of water, and one teaspoonful three or four times a day.

Dr. Lobethal of Breslau says in the *Hygea, neue folge* (Vol. I, p. 414), about the action of *ol. myristicæ moschatæ* employed externally, the following: "It is remarkable that in all the patients in whom I employed the rubbing-in, I observed either before or accompanying the amelioration a *very violent itching* of the parts where it had been rubbed in, followed by a *small papular eruption*, which usually went off in about a week, on leaving off the rubbing-in." I have not only verified this observation in cases of chronic cough, but also found that the itching and swelling of the said eruption spread itself all over the body, producing at the same time swelling of the eyelids and itching of the face. *Gummi ammoniacum* 2 and 3 has been of the greatest service as an antidote in these cases.

CASE XI.

About two years ago H. Georgii suffered from Laryngismus stridulus, which, having been much aggravated by cold baths,

was accompanied with intermittent and irregular pulse. I succeeded repeatedly in bringing the pulse to its normal standard, and also in diminishing the sawing murmur of the respiration, by employing the Croup-ointment recommended by Rademacher (*Digitalis extract.* 3 j, *ung. ceræ*, ph. Bor. 3 j.) In another case of a baby still suckling, who suffered from a slow development with uncommonly large fontanelles, as a result of frequent confinements and lactations of the mother, and where I had previously given, according to Dr. Böcker, *calcareæ phosphorica ossea* and *sacch. lact.* aa. 3 j, 2 teaspoons a day. It had a fit of pseudo-croup, which Dr. E. Ekwurzel and myself only considered to be Laryngitis Catarrhalis, or Catarrhus Laryngis sive Stridulus. I employed twice, at different periods and with the same good result, the above-mentioned ointment, which was indicated by the irregularity and intermittence of the pulse.

I have lately, in the following case most similar to croup, employed the same remedy.

CASE XII.

Gustaf Lindskey, aged 2 years, whose mother is middle-aged, his father is about 60, and had an apoplectic fit during the last year, which was cured by *tinct. cupri acetici rademacherii*, one drop in the hour. The little boy is of fair complexion, and rather of an anemic appearance, with inclination to perspire on the head while sleeping; feet cold, especially at bed-time. On the 7th of Sept., 1850, the child fell into a state of heavy sleep, attended by a violent cough. The mother having witnessed fatal cases of croup, anticipated the commencement of this disease. But as soon as I ascertained that there had been no fits during the night, but only during the course of the day fits of a rattling, sawing cough, I thought the fears of the mother exaggerated. I prescribed *vinum stibiatum* 3 j, to be taken one drop 3 times a day. The cough increased during the following night, and was of a more intense character, causing the child to wake up suddenly. I was sent for, and found on my arrival, at 2 o'clock in the morning, the pulse violent, intermittent, and sometimes weak, sometimes increasing during coughing. The child kept his arms behind the head, which was bent backwards. The

larynx was not tender to the touch, but there was a rattling noise in it, less sharp and sawing since the use of a cold warming compress, à la Priessnitz, which the anxious mother had applied before my arrival. The child snored occasionally, and there was a rattling noise in the larynx, and hoarseness when it attempted to speak. The eyes projected out of the head, when coughing they appeared brighter and larger; the patient clasped the throat with his hands, and the sawing noise of the expiration proved an increased tightness and difficulty in this act of the respiratory organs. Cough rough and chin protruded, and in the whole physiognomy of the child there was an expression of obstinacy. I have at different times seen croup (especially in one case, where bleeding had previously been employed, and where I distinctly ascertained the existence of pseudo membranes in the trachea and larynx), and the present case may be justly referred to a milder form of croup. I gave *hepar calc.* tinct. 1, a globule every half hour, alternately with one teaspoonful of *spongia*, 1 gtt. vj, in a pint of water. When the Digitalis-ointment arrived from the chemist, after a good hour, I found the pulse still irregular, although the other symptoms seemed not to have increased. The remedy soon acted, and quietness followed immediately upon the application of the ointment. During the sleep which soon ensued, the irregularity of the pulse disappeared, in this as in previous cases, and I found the child on the following day much better; the cough, which was much looser had resumed a catarrhal character, and I felt myself justified in letting the child go out in the middle of the day, after which it continued well. These results appear striking. The old school has long since employed Digitalis amongst other remedies in croup,* and Rademacher (*Erfahrungsheillehre*) has taught me to employ it as a local remedy in these disorders. The irregularity of the pulse, as one of the most characteristic of the symptoms of Digitalis, has always been the principal indication of its use. On comparing the symptoms of this remedy, we find also several others, which prove its homœopathicity in croup. We know also that both the heart and larynx receive nerves

* See Noack and Trinks' *Handbuch der Hom. Arzneimittellehre*, vol. 1, p. 688.

from the same source, viz. : the pneumogastric and vasomotoric nerves, and therefore the irregularity of the pulse in croup might depend on an irregular innervation of the muscular fibres of the heart. On the other hand, the continued irritation of the heart itself will produce synochal fever. *Aconite* and *digitalis* may under such circumstances be employed in two different kinds of croup. I do not know that *spongia* and *hepar* produce irregularity of the pulse, but it is a fact that *aconite* occasionally has this effect. Rademacher has besides clearly pointed out that croup, as well as other diseases, may occur in various forms. Although in a majority of cases it is preferable to individualise the symptoms, and to employ an adequate remedy, I should not consider myself justified in omitting a remedy from the application of which I have seen such evident and prompt success.

THE HOMŒOPATHIC TREATMENT OF CROUP,

By DR. VON VIETTINGHOFF.

(Read before the Hahnemann Medical Society, the 6th May, 1851.)

ALTHOUGH I intend to confine my remarks to human disease, I may observe generally, that in the morbidly pre-disposed animal organism, croup, although usually considered a local affection, may affect the mucous membrane very extensively, as this whole membrane is liable to be the seat of certain phlegmasiæ, in consequence of which the plastic matter is secreted and organised in pellicles or in a false membrane more or less dense and firm, adhering to the inflamed mucous membrane or loose; under which exudations the surface of the mucous membrane has been always found at the *post mortem* examination, to be red and smooth, rarely granulated, and almost always without any ulceration.

When this morbid secretion takes place in the respiratory organs, and particularly in the larynx, the narrowest opening of the respiratory tube, there arise aphonia, dyspnœa, spasmodic cough, and death by suffocation, if not timely prevented, closes the scene. Such is the nature and the mechanism of the for-

midable disorder called CROUP; Cullen's definition of it runs thus: "Cynanche, respiratione difficili, inspiratione strepente, voce raucâ, tussi clangosâ, tumore fere nullo in faucibus apparente, deglutitione parum difficili, cum febre synochia."

It was generally remarked that in the earliest infancy, children are more subject to inflammation of the mucous membrane, lining the digestive apparatus than the respiratory, and that croup attacks children between the periods of weaning and puberty, and mostly in the second year of their life; but to this there are certainly some exceptions. It has been said that the croup is epidemic, and occurs chiefly in the spring and winter conjointly with other epidemics, namely, *measles*, *scarlatina*, *whooping-cough*, &c., with which the croup is sometimes complicated. The pre-disposing cause of this fearful disorder is, it is asserted, an inherent constitutional taint. Without disputing the truth of this assertion, I must say I am perfectly satisfied that the pre-disposing cause to the croup, as well as to many other infantile disorders, besides this constitutional taint, is greatly increased by the gross stimulating properties of animal food, and alcoholic drinks, which nursing mothers are erroneously advised to partake of, in order to increase the secretion of milk; and by the same kind of food being given to the children when they are weaned and afterwards. "The common cause of croup," says Mr. Liston, in his *Elements of Surgery*, p. 245, "is the exposure to cold and damp, but the frequency of its occurrence is attributed to dentition. Dentition," he says, "induces a long catalogue of infantile diseases, and is immediately connected with most cases of croup." "Children," he continues, "are besides of peculiarly irritable system, and in them, disorders of the digestive organs, may in many instances be considered as at least a pre-disposing cause, and in all cases it is a constant attendant upon the disease." To this let me add that I hold proofs in my hands that the children, who were strictly prohibited the use of animal food, have been free from all the disorders attendant upon children, painful dentition included.

The plastic secretion which is the dominant symptom of the croup, may take place in the fauces; sometimes in the pharynx; sometimes in the larynx: at other times in the trachea, and

occasionally in the bronchia, but sometimes it invades all of these localities simultaneously. In the first case, when we examine the buccal cavity, we find the traces of false membrane first on the tonsils, then on their neighbouring parts; which show themselves in yellowish white, grayish, greenish, or yellow dirty spots, which extending take on a suety or lardaceous appearance. When the malady occurs and ends its course in the pharynx, without extending below the epiglottis, the child is feverish, complains or gives indications of pain in the throat and difficult deglutition; swelling of the glands of the neck and the neck itself, ptyalism, &c., also take place; this state continues from two to six days, then an amendment comes on by the detachment of the false membrane, but when this disorder extends to the larynx, then the most alarming symptoms of croup ensue. In the croup beginning in the larynx, inspection discloses nothing in the throat, but the child is suddenly seized with hoarseness, becomes cross, its face appears redder than usual and suffused, its skin is abnormally hot, it complains of, or shows by its gesticulations, symptoms of pain in the larynx; it raises its hand to the neck, which appears puffed up and painful to the touch, particularly below the hyoid bone. There is sharp, violent, short, barking, brassy, dry cough, followed by a dry, hissing sonorous inspiration. If the disorder commenced in the trachea, there will be change of voice besides the symptoms above described. But if the croup be developed in the bronchia, there will be intense fever with considerable acceleration of pulse and respiration, besides the livid appearance of the face; auscultation will disclose sub-crepitating rattle on both sides of the thorax; hoarseness, aphonia, and croupal cough will be also present. In all those cases the obstruction of the larynx constituting the dominant symptom, it will be easily understood that the progress of croup will be quicker and more violent if the disorder began in the larynx. The pathognomonic signs of croup generally appear at the end of six or five days, but sometimes on the second, and even on the day in which the precursory (catarrhal) symptoms began.

It is mostly in the day time that the paroxysm of suffocation takes place, the fever then is very high, complete aphonia and

the most frightful dyspnoea occur, the chest and the nostrils heave, and all the auxiliary muscles of respiration are called into play; the respiration becomes stertorous and threatens the child at every moment with suffocation; during these fits the child throws back its head as if to stretch out the trachea, so as to allow a free ingress of air; its neck is swollen, the pulse becomes feeble and intermittent; the eyes are sunk in, and the body is covered with cold perspiration; in the moment of access the child sits up in bed or jumps out of it; its tumefied livid face expresses extreme anxiety; the eyes roll from one side to another, or remain convulsed and fixed upwards; at last, if this paroxysm continues, the respiration gets slower, the little patient concentrates all its available forces to produce some feeble inspiration; the extremities become cold, the pulse ceases, and asphyxia terminates its suffering. Death occasioned by the croup is exactly similar to death by strangulation. The *post mortem* examinations of the children who have died of croup, have shown traces of cerebral congestion, or even acute hydrocephalus; these latter symptoms are a dangerous complication in croup, and are characterized by a drowsy and comatose state during the intervals between the paroxysms.

The croup, violent as it may be, has almost always some moments of remission more or less long and complete, yet during those remissions, the hoarseness, aphonia, and dyspnoea, continue considerable, and sometimes we see that during the cessation of the most alarming symptoms, the child gets suddenly low, pale, pulseless, with cold extremities and its life ceases; all these phenomena occur with extreme promptitude. Rosen (*Maladies des Enfants*, p. 507) says, "the child walked across the room, his mother took it to put it on her lap, it expired in her arms."

When in consequence of the great efforts and violent fits of cough the child succeeds in expectorating a certain quantity of false membrane, the remission of alarming symptoms is remarkable; but unhappily this is deceitful, as it is well known that in about six hours another false membrane may be formed and replace the ejected one, and although the fever seems reduced, the respiration easier, the venous congestion in part

lessened, the child begins to play and all seems to predict a favourable result; all at once however, all the bad symptoms return and death closes the scene. There may be some happy returns to health from an attack of croup effected by the expectoration of the tube of false membrane, but even in such cases, relapse must be feared and guarded against as long as the cough and dyspnœa prevail and the voice does not regain its natural tone, which with many remains for a very long time much altered. As to the aphonia, this has been known to persist for months together.

I will not prolong this paper with the explanation of the complications of croup with other diseases, nor of the mechanical action of the muscles in dyspnœa; neither will I discuss the chemical alterations that are supposed to take place in the blood preceding the exudation through the walls of the capillary vessels; all these subjects have been already treated of elsewhere, and are of course familiar to us all; I will enter at once into the therapeutics of croup.

The allopathic means to avert the danger of croup were and are, local and general blood-letting and the hot-bath at the outset; *calomel*, *tartar emetic*, &c., in the next stage; blisters, and as the last resource, tracheotomy in the last stage of the disorder. The utility of this last means, I am happy to say, has been strongly objected to by the most eminent in the profession, amongst whom we find the late Mr. Liston. Of what real value the allopathic practice in *angina membranacea* is we all know well enough.

The fundamental law of homœopathy, *similia similibus curantur*, has made most dangerous diseases, among which those of the respiratory organs are pre-eminent, amenable to the salutary action of remedies. The homœopathic treatment of *pneumonia* has been already established, and that of croup, I hope, will be the next to become so. Homœopathic literature proves, and we know it by our own experience as well, that this frightful malady may be in most cases very easily and promptly cured by the homœopathic remedies, and that under this treatment the mortality in croup has been only one-fifth of that occurring in the old school.

A great many homœopathic practitioners have recommended many different remedies to be used in croup; but with all these means in our hands, I regret to observe, as it appears to me, we are still in want of a secure and systematic mode for the successful treatment of this appalling disorder. The recommended remedies amount to upwards of thirty in number, namely: *acidum aceticum*, *aconitum*, *plumbum aceticum*, *arnica*, *arsenicum*, *belladonna*, *bromium*, *bryonia*, *carb. ligni*, *chamomilla*, *china*, *cina*, *cuprum sulphuricum*, *drosera*, *hepar sul. calc*, *hyoscyamus*, *iodium*, *ippecacuanha*, *kali bichromatum*, *lachesis*, *manganum aceticum*, *mercurius*, *moschus*, *nitri acid.*, *nux vomica*, *phosphorus*, *rhus*, *sambucus*, *spongia*, *sumbul*, and *tartar emetic*. How far all these remedies are homœopathic to the pathognomonic symptoms of croup, everyone must find out for himself, by applying to our materia medica; as the cases cited by the authors are generally extremely vague, and the reasons for their employment of remedies are far from being satisfactory. Besides the employment of the above medicines, we have been advised to use warm baths to the upper extremities, and to apply leeches to the trachea; this appears to me to show great inconsistency, and seems to be homœopathic only according to Dr. Thomas Watson's notions of the science.

Dr. Teste, of Paris, rejects all these therapeutics, and employs only *bryonia* and *ippecacuanha* alternately in all forms and degrees of croup; but he also declines to state, what tradition or experience brought him to the adoption of this exclusive combination in preference of every known and successful specific. In my letter addressed to the Editor of *The Homœopathic Times, on croup*, I endeavoured to come to some understanding as to what might have led Dr. Teste to adopt this mode of treatment of croup, and I must here say, that I consider it to be the duty of every homœopathic practitioner to explain, as soon and as far as possible, any new and valuable discovery he has made in this positive science,—man by nature having been made to be but the receiver and the distributor of impressions and ideas that he comes in contact with to his fellow-men.

Both the allopathic and homœopathic schools agree in this, that *angina membranacea* is the effect of inflammation—although the therapeutic method of allopathy is based upon wrong principles, yet its followers are consistent, and strictly adhere to its tenets. Homœopathy is the law of nature, true in its principle, and it remains for its followers to practise it systematically.

Taking then, inflammation, that corner-stone of pathology, as a proximate cause of croup, we necessarily follow its stages. We observe 1st. the constriction; 2nd. the dilatation and the engorgement; and 3rd. the disgorgement, or the restoration to the natural state of the capillary vessels, of the mucous membrane lining the larynx, trachea and bronchia, by the secretion of the organizable lymph, and the formation of a false membrane in *croup* as well as in *pneumonia*. It has been already satisfactorily proved that *aconitum* and *bryonia* are the sovereign remedies in the engorgement of the capillary vessels in *pneumonia*; why then cannot they be as useful and effective in that stage of croup? That they are so, we have besides our own experience numerous authorities in favour of this view, among whom is Professor Henderson, and a highly illustrative case by Dr. Chargé, of Marseilles, recently published in the *Homœopathic Times*, No 86; and should we be called upon to attend the croup in that stage of inflammation, we should certainly be always able to quench it, and of course to arrest the further progress of the disorder with these two remedies. In the stage of disgorgement of the capillary vessels, viz., the secretion through their walls of coagulable lymph, recognizable by the sub-crepitating rattle, which is, by the bye, a symptom of *bronchitis* and *pneumonia*,—*hepar sul. calc.* and *spong. mar. tosta*, seem specific. In the last stage of the disorder, the real croupal stage, *i. e.* the formation of the false membrane, we have but one remedy to rely on, *bromium*, the only one yet recognised to be homœopathic in that stage. But we must bear in mind, that the secretion of the lymph and the formation of false membrane, are the natural processes consequent on inflammation,—that all the stages of croup but that of constriction of the capillary vessels are simultaneous,

viz., that the secretion is still going on at the time when the false membranes are formed, and that the formation of these membranes would be impossible without secretion; and, consequently, to practise homœopathy systematically, we must never lose sight of the locality, the character and the stage of the disorder, the proper selection of medicine and its application being altogether dependent upon the skill of the practitioner, the individuality of each case, and the homœopathicity of the remedy chosen; this choice does not appear to me to be difficult, as we have only as yet five specific remedies in croup, namely, *aconitum*, *bromium*, *bryonia*, *hepar sul. calc.* and *spongia*, to which number we may add *ipêcacuanha*, as suggested by Dr. Teste, and on account of its specifity in the spasmodic cough, in the gangrenous state of croup, and its capability of exciting several abnormal secretions from the mucous follicles, salivary glands, capillary vessels, and producing aphthæ, and false membranes in coryza, &c. The pathogenesis of the above six remedies, in my humble opinion, is sufficient; and had the provings of our remedies been made with auscultatory observations they would, I have no doubt, prove equal to every exigency in the treatment of croup without complications. My own experience in croup has not been extensive, but I beg leave to select some few cases for illustration.

CASE I.

Jan. 4, 1843, 8 A.M.—Alfred B., aged 3 years, had been ill one week with cold in the head, sneezing and cough; he then became hoarse, had violent spasmodic dry cough. The night before I saw him he was seized with suffocation and frightful convulsions, grasped his neck with the hands, got up twice in bed; and after that time remained drowsy, but continually tossing about. I found him in a fit of dry, short, brassy cough, followed by sonorous inspirations; his face and neck were swollen and painful to the touch; there were panting respiration, complete aphonia, burning heat of the head, throbbing at the temples, convulsed eyes; skin hot and dry, pulse 140, full and hard. From the drowsy comatose state, convulsed eyes, dilated pupils, suppressed evacuations, I concluded that my patient was seized with croup, and was threatened with acute hydrocephalus.

Pr. acon. 3 x, gtt. 6, *bry.* 3 x, gtt. 6, each in ʒiij coch. min.

10 q.q. min.

Four P. M.—Swelling of the face and the neck were abated; head and skin cooler, and softer pulse, 100; alvine evacuations, and urine passed; he could put out his tongue, which was bright red and covered with a few yellowish spots; dyspnœa, aphonia and dry brassy cough persisted; on auscultation the subcrepitating rattle was found on both sides of the thorax behind.

Pr.—Cont. *bry.* and *hep.* 2 gr. ii each, ʒii aq. coch. min. 1^a q. q. h. alter.

5th, 8 A. M.—The child had only two short fits of cough, with thick yellow expectoration; it had another motion at 6 A. M., answered questions, and did not complain of any pain, but there were still dyspnœa and rattle; pulse 90.

Cont. the same medicines, a dose 6 q. q. h.

6th, 8 P. M.—Aphonia, dyspnœa and rattle gone; trifling loose cough remained; he asked for some food, which was allowed; he looked lively and comfortable. The same prescrip. 12 q. q. h.

7th.—Reported quite well, and continued so.

CASE II.

Jan. 16, 1843, 6 P. M.—Peter A., aged 19 months. The child, I was told, had just got over the measles, and seemed doing well; but three days before I saw him he got cold in the head, had sore throat, difficult deglutition; he sneezed and coughed occasionally till the evening before I was called in,—when he suddenly lost his voice, began to breathe heavily, and coughed often by fits with catching; he was very restless the night before I saw him, in the morning his cough and difficulty of breathing increased; between the fits of coughing he fell exhausted, breathless, and remained drowsy; he was constipated, and passed no urine for the last two days; there was an enlargement in the glands of the neck. His appearance and all the symptoms were characteristic of croup invading the buccal cavity and the larynx. His skin was dry; pulse 120, hard and full. The pathognomonic symptoms and the recent occurrence of measles in the patient induced me to prescribe:

Acon. n. 3, gtt. vi, *bry.* 3, gtt. vj, aquæ ʒiii each, coch. min. $\frac{1}{4}$ q. q. h.

17th, 8 A. M.—The child was extremely restless the whole night, and had much cough till 6 o'clock in the morning, when he fell asleep—I found and left him so. He breathed freely; he had an alvine evacuation and passed urine in the evening; his pulse was 100; his skin was warm and moist; on his face and the forearms there were observed bright, reddish, scattered, square, and semi-lunar spots, rather elevated. Cont. the same—2^a q. q. h.

18th, 9 A. M.—The child slept almost the whole day and night, and appeared easy; scarcely any dyspnœa or cough; the glands of the neck less swollen; his voice improved, and he spoke a little, although not very intelligibly; an eruption like measles appeared on his throat, chest, epigastrium, arms and legs.

Cont. the same—6^a q. q. h.

19th, 9 A. M.—The child was rather agitated and became thirsty last night; had five very fetid relaxed motions, the character of which I could not ascertain; they were preceded with colic and followed by exhaustion; in other respects he was improving; his very fetid breath induced me to examine his mouth, and I found in the posterior and the middle part of buccal cavity several small greyish bottomed ulcerations, similar to commencing gangrene.

Pr.—*Ipec.* 3, x gtt. vj, aq., ʒiii, cap. cochl. med. 1. q. q. h.

20th, 8 A. M.—The child slept better; bowels were quieter; mouth rather cleaner; no cough; no dyspnœa; no difficulty of deglutition; the swelling of the glands disappeared.

Cont. the same—one dose 6 q. q. h.

21st, 8 P. M.—The mouth was almost well, and eruption dying away; in fact, the child was better on the whole.

Cont. the same—12^a q. q. h.

23rd.—Continued well; eruption almost gone.

Pr.—*Sulph.* 2 gl. 30 dil. 2^a q. q. d.

30th.—The child was reported and continued quite well. I saw him six months afterwards.

CASE III.

26th July, 1843, 8 P. M.—Elizabeth McG., aged 2 years, had scarlatina a month ago; the eruption had appeared on her face, chest, neck, abdomen, upper and lower extremities. This was on the 26th June; the efflorescence remained out on her for two days, and then suddenly disappeared; since that time the child was very feverish, lost her appetite, and had restless nights. For this she had several bottles of some kind of draughts and some white powders, which made her worse. I found her in bed, with red suffused face, injected eyes, enlarged glands of the neck; the neck swollen and painful to the touch, violent, spasmodic, dry, brassy cough, and all the remainder of the symptoms of croup ensued in the trachea and bronchia. Her eyes were convulsed; her pupils dilated; her skin was dry and burning hot; the pulse 140; constipation and ischuria.

Having in view the repercussed scarlatina and the symptoms of cerebral irritation, I prescribed—

Bell. 3, gtt. vj, *bry.* 3, gtt. vj, each aq. ℥iii, coch. med. 1,
q. q. h. alter.

27th, 8 A. M.—The pulse was 120, convulsions ceased, the glands were reduced in size; constipation, ischuria, cough and dyspnœa persisted. Cont. the same.

9 P. M.—Felt somewhat better; passed water; the cough and dyspnœa persisted, but less predominantly; there were sonorous inspirations and rattle in the left bronchia; pulse as before.

Bry. 3, gtt. vj, *hep. s. calc.* 2, gran. 6, aq. ℥vj each,
cap. coch. med. 2^a q. q. h.

28th, 9 A. M.—The child slept better last night, and perspired freely; cough and dyspnœa were lessened; subcrepitating rattle was found on both sides of the chest. Cont. the same—4^a q. q. h.

29th, 8 A. M.—Much improvement; the cough and dyspnœa almost gone; there remained some rattle on the right side; her skin was hot and itching.

Hep. as before, *spong. mar. tosta* 2, gr. 6, aq. ℥vj, cap.
coch. med. 12^a q. q. h.

30th.—The child was reported much better. Cont. the same.

Aug. 2nd.—Reported quite well.

CASE IV.

18th Jan. 1848, 9 P. M.—Mary Ann B., aged two years and eight months. This child was born in May, 1845, of a mother who was treated homœopathically during pregnancy, and who was perfectly healthy. In Sept. 1847 she was vaccinated by an allopathic surgeon; a few weeks after it this child began to show some signs of constitutional disorder, deficiency of muscular energy, difficulty in articulating, her appetite became capricious, she was feverish, languid, peevish, cross, had restless nights, and alternate constipation and relaxation with vomitings; she became emaciated, had flabby, hanging, yellowish, dirty skin, and on the whole the appearance of an aged person. On the 1st of November 1847 she had an attack of *phlegmonous erysipelas*, with *brain fever* characterised by coma and delirium, and of all of these she got well at the end of November, under the action of *belladonna*, *bryonia*, and *rhus* 3. On the 15th of December the child was brought to me covered with serous pustules, with coppery violet areola on the face, and deep syphilitic ulceration on her

arms and legs ; in the buccal cavity I found on the tonsils several small ulcerations of the same kind. I prescribed *kresotum* 3, gtt. 12th dil. in a tea-spoonful of water, to be given every morning, and the *mercurius vivus* the same dose and dilution to be given every evening for a week. At the end of three months the child appeared much better, the pustules and ulcerations were healing. On the 18th of January 1848, 9 P.M., I was suddenly sent for to visit the child, and found it labouring under a frightful seizure of croup, whose symptoms were the formation of a false membrane from the buccal cavity, extending downwards to the bronchia, with fits of suffocation and cerebral congestion. Pulse 130, full and hard.

Pr.—*Acon.* 3 x gtt. vj, *brom.* 3 gtt. vj, *Aq.* 3 iii each, *Cap. Coch.*
min. 10^a q. q. m.

19th, A. M.—Slight remission of dyspnœa and the cough ; there was crepitating rattle on the left side ; the cerebral symptoms and the pulse much the same. Continue the same. 2 P.M., no change but in the rattle, which was heard on both sides. Continue the same. 8 P.M. She has coughed up some fragments of false membrane ; cerebral symptoms persisted, and the pulse was as before.

Pr.—*Bry.* 3 x, gtt. vj ; *Hep. sul.* 2 gr. vj, *Aq.* 3 iii each ; *Coch.*
Min. 1/4 q. q. h.

20th, 8 A. M.—Had a better night, coughed only three times, and expectorated more of the membrane ; the dyspnœa was less, sub-crepitating rattle continued on both sides, and there was found on percussion dulness at the bottom of the right lung. She passed water, and had a hard, dark fetid motion.

I prescribed as before, one dose 1 q. q. h.

21st, 9 A. M.—Had a still better night and perspired ; had only two fits of coughing, and expectorated a yellow thick mucus stained with blood ; the crepitating sibilant mucous rattle was heard on both sides of the chest and in the middle ; dulness was less. Pulse 100, soft and full.

Continue the same, 4^a q. q. h.

22nd, 10 A. M.—Passed a restless night, had no cough ; there remained very little rattle, the dulness from the bottom of the lung was removed ; but she was drowsy, delirious, constipated and thirsty. Pulse 120, small and hard.

Pr.—*Bell.* 3 x, gtt. vj, *bry.* 3, gtt. vj, *Aq.* 3 iii each ; *Coch.*
Mid. 2^a q. q. h.

23d, 9 A. M.—Better on the whole ; no cough, no dyspnœa, no

rattle, no coma, no delirium. At 6 o'clock that morning she brought up fragments of false membrane. Pulse 90, full and soft.

Continue the same, 4^a q. q. h.

24th, 9 A. M.—Better still; the same medicine, 6 q. q. h.

25th.—The same report, the same prescription: one dose 12 q. q. h.

26th.—The child was imprudently exposed to a draught of air and was seized by a violent spasmodic cough; she was much relaxed, her face and head were burning hot; the eyes injected; there was photophobia and much sneezing. Pulse 120, full and hard.

Pr.—*Acon.* 6, gtt. i, *ipéc.* 3 gtt. j, *Aq.* 3 ij, each *Coch Med.* 4^a q. q. h.

27th.—Much about the same, but the relaxation better, and the pulse, which was 100, full and soft.

Pr.—*Ipec.* 3, gtt. 1, *mer. viv.* 6 grs. *Aq.* 3ii, each, *Coch. Med.* 6 q. q. h.

28th.—Better altogether.

Pr.—*Mer. viv.* $\frac{12}{6}$ iii m, *kreos* $\frac{12}{6}$ iii n.

31st.—The patient was reported to be doing well and remained so; but now she is under my care again for dysecœa and cutaneous eruptions.

CASE V.

6th December 1849, 11 A. M.—Augustus T., aged 1 year 6 months, a stout and full-looking boy, with large head, fontanelles still open, was the night before my visit suddenly seized with dry spasmodic cough, dyspnœa, fits of suffocation, and aphonia. I found him in the arms of his mother, with livid swollen face, enlarged glands, neck swollen and extremely painful to the touch; his head was burning hot, there was throbbing at the temples, his eyes were injected, he looked anxious; the fever was intense, his skin burning hot, the pulse 140, full and hard. There were fits of coughing, followed by hissing inspirations and sub-crepitating rattle on both sides; he was drowsy and comatose between the paroxysms; the hissing sonorous inspiration showed that a false membrane was formed and firm in the trachea and larynx, but the violent dyspnœa, with cerebral congestion, the intense fever with acceleration of pulse, and the sub-crepitating rattle from the very beginning of the attack, indicated that the croup was primarily developed in the bronchia.

Pr.—*Acon. n.* 8 gtt. 6, *brom.* 3 x gtt. vj, *Aq.* 3 iii each; *Cap.*

Coch. Min. $\frac{1}{4}$ q. q. h.

10, P. M., there was sudden remission of all the symptoms. Pulse 120, full and soft. No more sonorous but rattling inspiration,

dyspnœa and aphonia were less, face, neck, and the glands reduced in size.

Continue the same, 1 q. q. h.

7th, 9 A. M.—The child coughed much at night, and had expectorated many fragments of false membrane, mixed with thick yellowish phlegm and some blood; he fell asleep at 6 o'clock that morning, his pulse was 100, he perspired and seemed comfortable; no dyspnœa, but some rattle during inspirations.

Pr.—*Hep. sul. cal.* 2 x grs. vj, Aq. 3 iii, Coch. Med. 6 q. q. h.

8th, 9 A. M.—I found my little patient sitting up in bed, lively and playing with his dolls; expiration and inspiration were normal; he had comfortable motions, slept well last night, and asked for some food—allowed.

Continue the same: 12^a q. q. h.

9th, 9 P. M.—Reported quite well, and remained so.

THE CURATIVE ACTION OF VARIOLINE.*

BY SURGEON SCHNAPPAUF, OF DRESDEN.

IN the winter of 1840-41, a rather severe epidemic of small-pox raged in Dresden, in which the two different forms of small-pox, the true small-pox (*variola*) and the spurious small-pox, (*variola vaccinatorum*) appeared, and had a very virulent course. All the remedies then known were without effect in moderating the violent fever, especially in the stage of suppuration, or in reducing the inflammation and swelling, and even under homœopathic treatment it frequently ended in death.

In the beginning of January 1841, I saw an article in the *Berliner Zentralzeitung* copied from a south Russian paper, containing an account of a small-pox epidemic which had broken out in a regiment destined for the Caucasus, and had made great havoc in the ranks. One or several of the physicians, if I remember right they were Germans, from what cause I know not, resolved to try if the virulence of the disease might not be lessened by the inward administration of the variolous matter, and their trial was crowned with the greatest success. The same

* From the Hom. Vierteljahrschrift, Vol. ii.

day that I had seen this paper, I was called in by Dr. Trinks, to visit a lady who was very ill of small-pox. It was the seventh day of the disease, the fever was violent; frequent delirium, sleeplessness, fearful burning pain of the whole skin, swelling of the face, so that the eyes could not be opened; also of the neck and the upper extremities. The prescribed remedies did not seem of the least use in rendering the patient's condition more endurable, and appeared barely to ward off death.

This being the case, I was tempted to make a trial of the Varioline, and after much trouble, succeeded in obtaining some lymph taken from natural small-pox, through the goodness of an army surgeon in a neighbouring garrison. I took it from an under officer in the garrison. Opening a group of pustules on one of the extremities, I succeeded in obtaining a clear watery lymph, which I drew off and mixed in a glass of aqua. distill. pretty nearly in the proportion of the first dilution; after it was well shaken together, I added some drops of alcohol to prevent it becoming putrid: of this preparation I administered two drops every two hours on Sacch. lact. The effects were quite wonderful, insomuch that after the third dose, the greatest part of the painful and unendurable symptoms were abated, and the patient fell into a tranquil sleep which lasted several hours. The most surprising effect however, was the appearance of the pocks themselves; on the parts which were least exposed to the air, and where, as is always the case, the pocks had come out later than on the trunk and lower extremities, the pocks instead of having increased in size, were fallen in and shrunken like withered fruit; those that were still in the stage of lymph, did not go on to suppuration at all, but dried up very soon. The remaining symptoms, such as the stretching and burning pain of the skin, the swelling and fever abated so rapidly, that the patient was relieved of most of her distressing symptoms in about sixteen hours. Unfortunately it was not possible for me in pursuing my profession as surgeon to make further trials of the varioline during this epidemic.

In the course of last winter a violent epidemic of small-pox broke out again in Dresden, and carried off many victims of all

ages. In the middle of February I met with a case of natural small-pox in a child of two years old. On the eighth day I was able to obtain from it clear lymph. I gave the child at once two drops of a preparation similar to the above on five gr. Sacchar. lact., repeating the dose every two hours, and the same results followed in the natural small-pox as I found before in the varioloid. After two doses the child was easier, and all the symptoms of the disease, such as fever, swelling, redness, and stretching of the skin, had for the most part disappeared in eighteen hours, during which time the child had slept quietly for some hours. The stage of suppuration, except at the most a few single pocks, was entirely cut short, while the lymph merely became turbid, and did not properly speaking pass into suppuration.

On the eleventh day nearly all the scabs had fallen off, and there remained merely a few *scarcely visible cicatrices* (because the suppuration was interrupted by the action of the remedy, and thus the loss of substance was small).

I have treated upwards of twenty cases of every age, both of natural small-pox and varioloid with the varioline, and in no one instance have I found it to fail in producing its quick and remarkable effects. That the action of the varioline cannot be otherwise than as above stated, and that it is the surest means of causing every description of small-pox to run the safest and mildest course is also shewn by the fact, that before vaccination was discovered by Jenner, it was the custom in China and India, to stuff the nose of the sick person with cotton steeped in the small-pox matter, and thereby render the course of the disease milder.

I received, however, the most convincing proof of it through a child of two years old, ill of natural small-pox, to whom I administered the varioline on the third day; on the 7th I took some matter from the pustules, which I administered afterwards in another case of small-pox; this, however, had no effect whatever, shewing clearly that the virulent action of the small-pox contagious matter was neutralized by the inward use of the varioline. Hence it follows that it is only matter taken from natural small-pox, which has been undisturbed in its

course, that can have the effect, when given internally, of rendering the pox symptoms milder and less dangerous in every respect.

POSTSCRIPT BY DR. TRINKS OF DRESDEN.

I can confirm the facts related in these observations of Surgeon Schnappauf. In the winter of 1848-9 there raged here the most wide-spread epidemic of small-pox that I ever remember. People of all ages and both sexes died of it; it seized vaccinated and unvaccinated alike with the same intensity; the eruption was preceded by violent affections of the brain and spinal marrow, which disappeared when it came out. Belladonna and Bryonia were of great service in that stage. In the septic state which frequently followed on that, Arsenic was, as usual, of much benefit. Against the salivation, Opium was administered with great success. Thuja had no effect whatever, either against the eruption or any of the accompanying symptoms, although Bönninghausen has seen such great results from it. Also Tart. stib. remained entirely without influence. In short, all the homœopathic remedies were of no avail, either in altering the natural course of this exanthema, or when fully formed, rendering it milder in any way: they had merely power to avert the violent seizure of the poison on the brain and spinal marrow, or, as was the case with Arsenic, to place bounds to the incipient septic state. On the other hand, the varioline plainly exercised an alterative, shortening, and curative power on the exanthema itself—a fact which must forcibly urge us to further trials of it. I was glad to see that my respected friend Rummel declares (in the *Allg. Homœop. Zeitung*. 28, No. 13) that vaccinine was of great use in all cases of small-pox. Varioline and vaccinine are, however, probably merely modifications of one and the same original poison, viz., the human small-pox, and differ from each other only in power. The cow-pox, at all events, is derived from the human small-pox, and was transferred from the human race to the animal.

Both the facts here laid before us earnestly call upon us to devote our attention again to the so-called isopathic remedies, and in a more serious manner than formerly to try them again

in such diseases as are hitherto treated without success by the homœopathic remedies already known.

I have already, in a former essay in the *Hygea*, called attention to Hydrophobine, as being most probably the radical curative means for hydrophobia. Rummel also thinks that Hydrophobine is more likely to prove specific for canine madness than Bellad., Stram. and Hyoscyamus; the powers of which, as well as those of Canthar. and *Meloe majalis*, I am also inclined to think problematical. Experiments with Hydrophobine might be made beforehand on animals of every species in which the bite of the mad dog is followed by real hydrophobia.

MANCHESTER HOMŒOPATHIC HOSPITAL AND DISPENSARY.

IN a former number we stated that from time to time we should devote a few pages to a detail of any cases of interest, or of a decidedly acute character, treated at this hospital. A few days since we received from our correspondent in Manchester, an account of the annual meeting of the subscribers to the institution, which was held at the Board Room in Bloom Street, on the 6th of June. It was at first intended, that the meeting should be in the Town Hall, but the Committee, on considering that a very great number of the most influential supporters of homœopathy were out of town, decided that it would be better for this cause to hold the annual meeting for this year in an unassuming manner. The number of respectable and intelligent people, however, who came to the meeting, almost caused the Committee to regret their cautious procedure, as the room was inconveniently crowded, and many ladies who were anxious to hear the report read could not get admittance, and the interest taken in homœopathy in Manchester was fully testified by the fact, that all the newspapers were severally represented by reporters on the occasion.

The financial statement showed a deficiency of £250, but the Committee have no fear of being speedily in a position to

liquidate this amount of debt, but even hope to have at the next annual meeting a surplus of cash in hand. It is worthy of remark, that the out-patients who are, if able, expected to subscribe a shilling a month to the funds have contributed no less than £250 during the last twelve months.

The preliminary remarks to the medical portion of the report read were very brief, the medical officers contenting themselves with drawing the attention of the subscribers to the figures and tables as showing what had been done, but energetically urging upon them, in accordance with a suggestion which we threw out in a former number, the propriety of not only diminishing but abolishing all charges to in-patients, who were not in a position to pay; as in many cases which might have been cured by homœopathic treatment, the patients had been compelled to leave the house, whilst others had been refused admission although half the beds were vacant. This portion of the report concluded with a very modest request, that at least six out of the thirty-five beds should be free, and devoted entirely to acute diseases of the chest and bowels.

The number of out-patients admitted during the last year was 3436. The average weekly number prescribed for was 424, or a fraction above seventy per diem. The number of visits paid to patients at their own homes 1727. The number of distinctly ascertained cures was 631; a large number when we reflect on the difficulty of getting the out-patients of a dispensary to report the issue of their cases.

The tabular portion of the report has not yet been printed, but our correspondent promises us a copy as soon as it is published, and we may, perhaps, in our next call the attention of our readers to it.

After the reading of the report the meeting was addressed by the Chairman, Mr. W. R. Johnson, who may be said to be the father of the dispensary, as it was by his fostering care and judicious liberality that it began to rise into importance; and by the Rev. Messrs. Smith, Birchall, Littler, Gwyther, and R. Fletcher, all of whom bore witness to the good which homœopathy had done in their respective districts and parishes

in general, and detailed cases of much interest which had fallen under their immediate notice.

In addition the resolutions were ably moved or supported by those tried friends of homœopathy, Messrs. Thompson, Dixon, Brydon and Robinson, who have for years devoted much of their time to the cause in Manchester. Our correspondent regrets that Mr. Adshead, who has for two years laboured most assiduously as Chairman of the Committee, should have been unable to be present on an occasion which would have shown him that his labours for homœopathy had not been in vain.

Since our last, amongst the cases treated at the hospital we give the following.

CASE I.—*Paraplegia.*

John Ward, æt 35, admitted on the 11th March, 1851, of sanguine temperament, robust, and appears to have been a very healthy person previous to his present illness. He states that about three weeks since, he received a severe blow on the inner side of the right leg from a piece of iron, and from that time has had a sensation of numbness in the leg extending to the lower part of the abdomen, and accompanied with paralytic weakness of the injured limb, which is very evident on his attempting to walk, as he drags the limb hesitatingly and with marked difficulty. He has undergone no treatment. Bowels confined, appetite good. *Arnica B.**

Arnica lotion to the injured limb.

March 16th.—The injured leg is better, but the left one is painful especially in the tibia, and there is some difficulty in passing the urine. *Conium 3, Rhus 3*, every four hours alternately.

19th.—Constipation, inflation of the abdomen with hardness, and to the patient sense of numbness.

Nux vomica B, Plumbum 3, every four hours alternately.

23rd.—The symptoms continue: there is complete paralysis of the lower limbs (the hospital book does not mention the state of the bowels), retention of urine demanding the catheter night and morning, vomiting of food—pain on smartly tapping the sacro-lumbar region.

Bell. B, Merc. Sol. 1, every two hours alternately.

Friction to the spine and spongio-piline tepid.

26th.—Tongue clean, appetite good, no vomiting. When the spine is rubbed on the lumbo-sacral region, there is experienced

* The letters A and B signify the 1st and 3rd dils. of the decimal scale. [*Eds.*]

shooting pain in the lower part of the abdomen, and slight twitching of the lower extremities. The bladder continues without power.

Nux v. 1, every three hours.

27th.—Increase of sensation amounting to pain in the right leg and thigh. Continue.

29th.—He has passed a small quantity of urine naturally. Voluntary motion is slightly perceived in the right leg. Continue.

April 2nd.—He can move the right leg quite freely, the left continues nearly the same. Nux v. 3.

3rd.—Passes urine now without the catheter, and he can move the left leg though with difficulty. Continue.

6th.—Much improved, he can walk a little, and passes urine freely. Continue.

12th.—He continued to improve, and was discharged to-day quite cured.

CASE II.—*Paraplegia.*

John Sherry, æt 30, a tailor, admitted on the 12th of May, states that he has been ill eighteen months, is of dissipated habits, and that the cause of his complaint was lying out for the whole of a wet night on the ground when at Paris, whilst in a state of intoxication. The attack commenced a few days afterwards with pains in the knees, followed by loss of power in the lower extremities. He has been under the best allopathic treatment, but has received no benefit. He now complains of weakness and numbness across the loins, extending down the legs, accompanied with sensations of tingling and twitching. With the assistance of a couple of sticks he can walk, but it is with difficulty, and when he attempts to do so without them, he staggers and has to cling to the nearest object for support. He can retain his urine but a very short time. There is no spinal tenderness; the bowels confined. Nux vomica 3.

14th.—Rhus. 3.

16th.—Nux vomica 3, and wet compress to the loins.

19th.—Improving.

June 11th—He walks without his sticks, and can retain his urine for seven or eight hours without difficulty. He is still under treatment.

CASE III.—*Pleuro-pneumonia.*

James Lenahan, æt 45, admitted April 9th, 1851, states that his illness commenced a fortnight since with rigors, darting pain in the right breast, hurried breathing, and dry cough. Present symptoms

are—severe stabbing pain in the right side of the chest, increased on inspiration or coughing; cough short and dry; respirations 32; pulse 112; headache; white tongue; bowels confined; aching pains in the limbs; considerable heat; dry surface.

On examination there are found very extensive dulness of the posterior and lateral portions of the right side of the chest; absence of respiratory murmur; bronchial respiration and broncophony. He lies on the back and cannot lie on the left side.

Acon. B, Phos. B, every two hours alternately.

Vespere.—Feels and breathes better; pain nearly the same; skin moist. Omit the Acon.

Bry. B, Phos. B, every three hours alternately.

10th.—Less pain; can take a much deeper inspiration; respiration 24; pulse 96, soft. Continue.

12th.—The pain is entirely gone; the cough is very slight, and there is no expectoration; dulness on percussion same.

This case went on gradually improving, the dulness slowly disappearing until the 7th of May, when he was discharged convalescent, the hepatized lung having nearly resumed its normal functions.

The medicines used in addition to the Acon., Bry. and Phos., were T. Sulph. ϕ , Mercurius Solub. 3, and Arsenicum 6.

CASE IV.—*Pluro-pneumonia.*

John Jones, æt 15, strumous habit, admitted May 1st, 1851, with the following symptoms: acute pain extending from the sternum to the shoulder and lower ribs of the right side; extensive dulness of the same side with complete absence of respiratory murmur below the mamma; short dry cough; skin hot and dry; countenance sunken and anxious; much thirst; tongue white; pulse 144.

Acon. B, Bry. B.

2nd.—Pain less severe; some moisture of skin; pulse 120.

Continue.

3rd.—Cough less distressing, with scanty mucous expectoration; tongue cleaning; pulse 108. Continue.

5th.—Improving. Pulse 96; cough very teasing in the night.

Phos. B, Hyos. 1.

8th.—Cough much better; tongue nearly clean; is craving for food; pulse 84; dulness very considerable. T. Sulph. ϕ .

15th.—Cough again troublesome; some pleurodynia of the left side; right lung clearer. Arnica 1, Phos. 3.

19th.—Discharged convalescent, and since then with T. Sulph. ϕ and China 1, has been restored to his usual health.

CASE V.—Pneumonia.

May 18th, 1841, J. H., æt 27, an unmarried woman, two days ago had a severe shivering, after which she became very feverish, with pain and oppression in the chest, which became gradually worse until this morning, when she was first seen.

Her present symptoms are—hurried respiration; sense of great weight on the chest; dull heavy pain in the right side; anxious countenance; short dry cough; pulse 160; skin hot and dry; urine scanty and high coloured; headache; on examination the chest sounds dull over the right side, especially the lower half, with absence of respiratory sound; a little higher there is dry crepitating rattle audible over the anterior and posterior surfaces.

Phos. B, Bell. B, every hour alternately, with occasional doses of Aconite B, interposed when most feverish.

19th, 10 A. M. — Has passed a bad night; cough constant; dyspnœa unrelieved. Expectorates a little dark brown heavy tenacious mucus. Respirations 60; pulse 160.

Phos. B, Tart. 1, every hour alternately.

Nine P. M.—Expectoration more of a dark bloody hue in large heavy pieces; dyspnœa very great; lips quite blue, also blueness of the nails, of the hands and feet; pulse rapid and feeble; cough not so constant; restless and tossing about.

Arsenicum B, Tartarus 1.

20th.—Much less appearance of congestion; cough with free expectoration; loud mucous rattle at upper part of chest; less dulness in the lower lobe of right lung. Continue.

Nine P. M.—Rather worse; cough troublesome, with less expectoration; dyspnœa more urgent; the feverish symptoms are less marked. Lachesis 6, Bryonia B, every hour alternately.

21st.—Better; she slept a little for the first time since the attack; pulse 120; cough not so troublesome. Tart. 1, Bry. B.

Eight P. M.—Has had a better day; some throbbing, frontal headache.

To have one drop of Tincture of Belladonna B, and to continue afterwards with the Bry. and Tart.

22nd.—Sputa free from any bloody tinge; breathing much better; pulse 110; no pain in right side of chest, and it sounds clearer on

percussion; bowels have not been moved for some days, and she has abdominal pain and distention.

One tea-spoonful of *Ol. Ricini*;

Arsenicum B, *Ipecac. A*, every two hours alternately.

23rd.—Bowels moved once, and she feels much more comfortable; debility. Cont. med.; to have weak beef tea.

25th.—Much better in every way; wishes to sit up, and desires meat; pulse 98; chest clear on percussion. *Sulph. B*, *Ara. B*.

26th.—From this time she improved rapidly, and was able to sit up each day for several hours; appetite good; no cough; and much stronger than could have been expected when last seen on the 4th of June.

CASE VI.—*Variola*.

Kate Buckley, age 15 years. Visited on the 8th of May. Found a thick crop of pustules on her face becoming confluent, as yet without much swelling, not yet developed on trunk and lower extremities. Pulse 96; tongue very foul. Learned that she had been vaccinated, and that this was the sixth day since she showed signs of indisposition. Had been ordered from the dispensary—

(*Sulph. 6*); now *Bell. 3*, *Merc. 3*, every second hour alternately.

May 9th.—Eruption fully developed—an immense confluent crop on the face and arms; features swollen; eyelids closed; sore throat; headache; thirst; bowels confined; pulse 120. Continue.

This treatment was continued till the 16th, the case progressing favourably. To promote desquamation I gave *Sulph 6*.

She is now quite well.

CASE VII.

Her sister, Alice Buckley, 9 years old, caught the disease from her, but it proved of a mild type, and was treated by—

Acon. 1, *Sulph. 6*.

CASE VIII.

John McDeritt, 11 years, had the disease at the same time in an intermediate form. He had not been vaccinated. Treated by—

Acon. B, *Merc. 3*.

CASE IX.—*Hepatitis*.

Sarah Whetton, 54 years. Found her very ill on the 10th of May. Suffering from sub-acute hepatitis—with low fever and much debility; acute pain in right hypochondrium, darting to the shoulder

and increased by pressure below the ribs ; dry cough ; skin slightly jaundiced ; headache ; white tongue ; pulse 96. Stated that she had been a week ill, and treated according to the old system without the slightest benefit. *Bryonia B.*

14th.—Lateral pain much relieved, but complains much of debility, vertigo and sleeplessness. *Bell. 3, Merc. 3.*

17th.—Much better ; has sat up for a little.

1 *Nux v. 3* ; 2 *Nux v. 6.*

21st.—Convalescent.

CASE X.—*Scarlatina.*

Mary Shawcross, aged 4 years, an out-patient of the Bloom Street dispensary, was taken ill on the night of the 21st of May last. On being brought to this institution next day, she was found to be extremely hot and feverish.

Aconitum and *Chamomilla* were prescribed.

She was visited at her home on the 24th, and presented the following symptoms: head internally hot; cheeks flushed; eyes suffused and watery; tongue thickly coated behind, and studded with numerous red papillæ anteriorly; tonsils much enlarged both internally and externally; skin hot and dry and covered with a dusky-red rash, which had first appeared on the day before; bowels confined; pulse 144. *Bell. 3, Merc. 3.*

May 26th.—Going on favourably. Continue.

29th.—Found her much improved. The rash has faded; swelling of tonsils diminishing; tongue cleaning; pulse 120. Continue.

June 2nd.—Her mother brought her to the dispensary to announce her convalescence.

CLINICAL RECORD.

CASES BY DR. BLACK.

CASE I.—*Entero-colitis.*

Remedies: Acon. Merc. Canth. Ars., especially Cupr. ac. and Lach.

H. Y., æt. 8, of a strumous habit, and subject to disorder of the digestive organs, was on Oct. 9, 1849, suffering from a dull pain midway between the umbilicus and pubes, and tenderness on pressure;

great dislike to motion ; tongue furred ; pulse 100. This disorder was attributed to slight imprudence in diet, and in two days disappeared. Mercurius 6 was given.

Oct. 12, 11 A. M.—He was seized this morning with sickness, and vomited a dark yellow bitter fluid. He now complains of violent pain in the abdomen, especially round and under the umbilicus ; the abdominal parietes are tense, and tender to the touch ; he lies on his back ; no action of the bowels for 36 hours, urine high coloured, scanty. Pulse 110, small ; countenance anxious. Bell. 3, gtt. iii, Aq. ʒ iv, Sum. ʒ ss. 2 da. q. q. h., alternated with Acon. 3. Hot fomentations, and tepid water enema.

3 P. M.—Pain much increased, the child screaming with agony ; anxious expression ; the face, head, and hands bedewed with cold perspiration ; decubitus dorsal, with the legs drawn up ; abdomen tense and hot ; unable to bear the least pressure ; no action of bowels ; no urine passed ; tongue furred in the centre, bright red round the edges. Pulse 120, small and wiry. Coloc. 6, 12, Aq. ʒ iv, Sum. ʒ ss. ½ h. Continue hot fomentations. Passed an elastic tube 8 inches into the bowel, and administered through this a castor oil enema.

7 P. M.—Pain slightly abated after 4 o'clock, but has now returned as before ; respiration hurried ; unable to draw a full breath ; the cold perspirations have ceased, and the skin is now very hot ; urine scanty, high coloured, and muddy when cool. The enema came away at 5 o'clock, merely coloured with feculent matter. Merc. Cor. 3, gtt. iii, Aq. ʒ iii, Sum. ʒ ss. ½ h., and as soon as there is relief, every hour.

10 P. M.—Pain much abated ; less tenderness ; abdomen tympanitic ; urine more copious. Pulse 110, fuller ; no action of bowels. A tea-spoonful of castor oil was given, and was as speedily rejected.

Cont. Merc. Cor. 2 da. q. q. h.

Oct. 13.—Slept a little ; feels much easier, no severe pain, less tenderness, able to lie on his side ; urine more copious ; no action of bowels.

Pulse 100. Cont. Merc. Cor. 3 ta. q. q. h. Rice water.

Oct. 14.—Passed a better night ; bowels moved twice, thin yellow motions. Towards the afternoon a slight increase of the pain, together with heat of skin. Acon. alternately with the Merc. Cor. By the evening the fever and pain increased, as also the tenderness.

Bry. 3, gtt. iii, ʒ iii, Sum. ʒ ss. om. h.

Oct. 15.—After a few doses the pains were much relieved ; he then slept well. Pulse 92 ; good strength ; tongue bright red at tip and edges, yellow fur in the centre ; thirst ; no pain, but slight tenderness under the umbilicus ; abdomen tympanitic ; urine natural. Ars. 6, gtt. ii, Aq. ʒ iii, Sum. ʒ ss. 4 ta. q. q. h. Milk and water, with a little bread.

Oct. 16.—The taking food excited diarrhoea. Pulse 100.

Cont. Ars. Rice water.

Oct. 17.—Great flatulence ; slight tenderness ; four liquid motions ; pulse 100 ; great weakness.

Carbo v. 6, 12, Aq. ʒ iii, Sum. ʒ ss. 3 ta. q. q. h.

Oct. 18.—Diarrhoea increases, the motions less feculent, and more mucous.

Phos. 3, gtt. iii, Aq. ʒ iv, Sum. ʒ ss. 2 da. q. q. h. Gum water.

Oct. 19.—Has passed a restless night ; decubitus dorsal, the pain and tenderness as on the 12th ; slight mucous evacuations, with tenesmus, and excoriation of the anus ; pulse 130, small and wiry.

Merc. Sol. 3, gr. ss. om. h. with Acon. at the half hours ; hot fomentations.

1 P.M.—No relief. Coloc. Hot bath.

6 P.M.—The pain is no better, and with the tenesmus there is violent strangury. Enemata of barley water. Canth. 3, gtt. iv, Aq. ʒ iv, Sum. ʒ ss. 1/2 h.—2 da. q. q. h.

Oct. 20, 6 A.M.—No relief : the child is in dreadful agony ; kept in a hot bath till nearly fainting ; no relief. Motions scanty, and slimy. He is so weak and the pain so severe that he cannot cry. Pulse 130, feeble ; great thirst. Cupr. Ac. i, gr. 1, Aq. ʒ iii, a desert-spoonful to be taken from every 20 minutes to every hour : soon after the first dose relief was experienced, and the pain diminished after every dose.

9 P.M.—He is much easier. Cont. Cupr. Ac.

Oct. 21.—Slept for six hours ; pulse 100, stronger ; skin cool ; hardly any pain, but still considerable tenderness in the ilio-cæcal region ; three liquid yellow motions, without tenesmus ; urine copious and clear. Cont. Cupr. Ac. 4 ta. q. q. h.

Oct. 22.—No pain, but tenderness and feeling of fulness on examination over the right iliac region through to the lumbar ; motions offensive, but more feculent. Cont. Cup. Ac. 6 ta. q. q. h. Rice water ; milk thickened with baked flour.

Oct. 23.—Slept well ; no pain, but still tenderness as before ; three liquid motions ; pulse 100. Cont. Cupr. Ac.

Oct. 24.—Sacch. lact.

Oct. 25.—Still much tenderness on pressing the iliac and psoas regions together ; pulse 100 ; urine scanty and muddy.

Lach. 6, gtt. ii, Aq. ʒ iii, Sum. ʒ ss. 4 ta. q. q. h.

Oct. 26.—Has passed a good night ; tenderness nearly gone ; one healthy and nearly consistent motion ; tongue cleaning, but still red at the edges ; pulse 92 ; skin cool. Cont. Lach. 8 va. q. q. h.

Oct. 27.—No tenderness on pressure ; complains of hunger ; pulse 90. Chicken broth. Cont. Lach. nocte.

Oct. 30.—No tenderness, appetite good, bowels a little costive, motions pale like chalk. Dig. 3, gtt. l, 8 va. q. q. h.

Oct. 31.—The patient has been taken out an airing ; he steadily continued to gain strength ; an occasional dose of Hepar and Digitalis were given to correct the state of his motions, which had a tendency to be costive and pale.

Since this attack he has enjoyed better general health than he did previously.

Remarks.—This case commenced as an attack of mild follicular enteritis, but very soon took on a more severe character, showing itself as acute entero-colitis. I was disappointed that such medicines as Acon., Bell., Merc., &c., generally so useful, were here of so little service. The relief was very marked after the administration of Cupr. Ac. : the indications for its use were the inflammation, the attendant agonising pain, and the exhausted condition of the patient. I was also led to employ it from its efficacy in a very severe case of infantile remittent attendant on follicular enteritis : the patient was a boy three years old ; he was treated four days with Calomel and Rhubarb, and then placed under my care ; various remedies were tried for eight days without relief. Owing to the irritable condition of the stomach and intestines, it was impossible to give food, and the exhaustion attendant on this, together with the inflammation, excited such a marked series of cerebral symptoms, as have been described by Dr. Marshal Hall under the name of Hydrencephaloid. The child appeared to be dying : the cerebral condition, in addition to the intestinal, indicated Cupr. Ac. ; it was given, and the results were very speedy and happy : the child recovered rapidly. I have lately seen it beneficial in a severe case of gastro-enteritis, where I was consulted by Mr. Gillow. The patient, a delicate lady, suffering from uterine disease, and still more from allopathic over-drugging, was in a very exhausted state, the tongue like raw beef, vomiting, purging, and colic on the least food being taken, even water ; great

tenderness of the abdomen; pulse weak and quick. Various remedies well indicated were first tried, but no benefit followed until Cupr. Ac. was administered: it relieved the acuteness of the disorder, so that food could be given. The patient died some months afterwards of phthisis.

In Hydrencephaloid disorders I know of no more valuable remedy than Cupr. Ac. See also Dr. Schmid's remarks, (*Br. J. of Hom. I.*) Lachesis I have often found useful in sub-acute and chronic inflammation of the mucous membrane of the intestines.

CASE II.—*Acute Pleurisy with copious effusion causing displacement of the heart, occurring along with tubercles.*

Remedies: Acm., Bry., Ars., Sul., Kali carb.

A. B., æt 25, a servant maid, strumous diathesis, thin habit, pale aspect, has for some time been liable to cough. In the winter of 1849 I treated her for a severe attack of bronchitis, which yielded soon to Ars. and Tart. E.: she then went down to Devonshire, as tubercular disease was suspected, but in August was able to resume her place in Clifton.

30th Sept., 1849.—She has been complaining of being unwell, oppression at the chest, dyspnœa, pain in the left side on moving and coughing: these symptoms increased up to this date, when she was first prescribed for by Mr. Gillow, who kindly saw her during my absence, till Oct 1.

Bry. 3, gtt. i, 2da. q. q. h., alternated with Aconite.

Oct. 1.—Has been delirious during the night, and force required to keep her in bed; she is now composed; pulse 100 (it was 110 on the 30th) small and hard; face flushed, and anxious expression: tongue coated dark brown; lips cracked; bowels costive; urine high coloured, scanty; has not menstruated for five months; breathing easier; no pain in the chest, but violent pains in the limbs, especially at night; decubitus dorsal, unable to lie on either side; respirations 32, principally abdominal; hardly any movement of left side; complete dulness on percussion over the whole of left lung, anteriorly as high as the clavicle, posteriorly to the supra-scapular region; no sounds audible; the heart beats violently, considerably to the right of the sternum. Continue Bry.

Vesp.—Respirations easier, 32; pulse 120, very weak; tongue coated with a dark line down the centre; face cadaverous looking;

is very weak and depressed; urine scanty: no action of the bowels.

Ars. 6, gtt. iv, aq. ʒiv, Sum. ʒss, 3ta. q. q. h.

Oct. 2.—No delirium, but has not slept; less pain in the limbs; urine scanty, high coloured; bowels moved by water enema; tongue clearer and less dark in the centre; pulse 100, rather fuller; no pain in the chest; decubitus dorsal; respirations 28; faint bronchial respiration under the left clavicle and left supra-scapular region; other signs as before, but the heart is felt to beat still more to the right of the sternum, and its sounds are most distinct in the right lateral and axillary regions. Continue Ars.

Oct. 3.—Pulse 110; respirations 29; less dyspnoea; tongue cleaner; no urine passed.

Kali carb. ʒ, gr. i, aq. ʒiii, S. ʒss, 4ta. q. q. h.

Vesp.—Owing to imprudence strong chicken broth was given, and it soon excited fever and an increase of the symptoms.

Acon. and then resume the Kali, or if there is dyspnoea, Ars.

Oct. 4.—Slept better; feels better; pulse 100; respirations 30; faint respiratory murmur, becoming more audible over the middle part of left lung. Cont. Kali c. 3ta, q. q. h.

Vesp.—Complains much of acute pains in the limbs, increased by movement. Bry. ʒ, gtt. i, 2da. q. q. h.

Oct. 5.—Slept well, is more composed, and expresses herself as better; urine more copious; dullness diminishing a little posteriorly.

Cont. Kali c.

Oct. 6.—A restless night owing to aching of the limbs; pulse 100; respirations 24.

Sulph. ʒ, gtt. iv, aq. ʒiv, S. ʒss, 3ta. q. q. h.

Weak chicken broth.

Oct. 7.—Cont. Sulph.

Oct. 8.—Decided improvement in her appearance; can turn a little to the left side; sleeps better; urine natural; bowels moved every second day; percussion clearer over anterior region, and a little way under ridge of scapula; diffused bronchial respiration, audible over a considerable portion of posterior region of left lung; pulsations of heart approaching more to the left side.

Cont. Sulph. 6ta. q. q. h. Increase the food.

Oct. 15.—Has been daily gaining ground; can lie easily on either side, and sits up in bed; pulse and respiration normal; percussion dullish in supra-scapular region, but quite clear for four finger-breadths under ridge of scapula; slight bronchial respiration, on

drawing a long breath, heard over the inferior posterior region, which is still dull on percussion; the heart now beats behind and a little to the left of the sternum. Sulph. bis in die.

18th.—The patient is able to leave her bed; the dulness inferiorly diminishes.

A dose of Sulph. for three nights, and then a week without medicine.

On examination, there is hardly any trace of effusion; but the examination confirms the suspicion, for some time entertained, of tubercles in left lung. Dulness under clavicle for two inches, with absence of vesicular murmur; posteriorly in supra-scapular space there is dulness, with very faint vesicular murmur and prolonged respiratory murmur, with dry, crackling mucous râles, and increased resonance of voice; the rest of the lung normal; pulse 90; no catamenia.

Kali carb. 6, m. et n.; Ol. Jecor. as. 3ij post prandium.

The patient continued for about two months longer to take occasional doses of Kali, and continued the cod-liver oil. She then went to the country, and I heard in June, 1850, that she had partially recovered her health, and was able for gentle service.

BIBLIOGRAPHICAL NOTICES.

THE FLORA HOMŒOPATHICA; OR, ILLUSTRATIONS AND DESCRIPTIONS OF THE MEDICINAL PLANTS USED AS HOMŒOPATHIC REMEDIES. By EDWARD HAMILTON, M.D., F.L.S., &c. &c.

WE have just received the first number of this elegant work. We look upon it as a very timely production. It gives a certain physical reality to homœopathic medicines which they much want. Being all little white pellets like sugar sparrow-hail, or colourless liquid, it is very difficult to realize the fact that things so like one another are really different; but when one sees the Aconite with its deadly blue hood, like a poisoner's mask, or the Agaricus Muscarius with its large red, angry specked mushroom-form, then it becomes credible that in such strange and diverse and questionable forms should reside powers different

and dangerous. This reinvesting with their natural corporeities those spiritual entities which lurk in the scarce visible globules of our chemists' bottles, has all the effect of a new appeal to the senses, and may become as popular as the revival of the gorgeous ceremonial about which the parties in the church are at present so clamorously contending.

THE NORTH AMERICAN HOMŒOPATHIC JOURNAL. No. II.

THE second number of this Quarterly fulfils the expectations of its high character raised in us by a perusal of the first. Among the more remarkable articles in it, is a proving of the *gymnocladus canadensis*, by the Transatlantic Nestor of Homœopathy, Dr. Hering. There are several other excellent articles in this No. but we need not dwell upon them, as we trust that all the readers of homœopathic literature in this country will take in this Journal. There is, however, a paragraph on the last page which we trust its respected Editors will not allow again to disfigure their excellent publication: we allude to the announcement by their publisher, Mr. Radde, of his resolution to republish in America a fac-simile of our own Journal, which, if persisted in and encouraged by our American colleagues, is likely to prove a death-blow to ourselves, which, however agreeable the prospect may be to a tradesman like Mr. Radde, is by no means for the interest of homœopathy we believe, and, unless we mistake their friendly feelings towards us, is not exactly what is desired by our Transatlantic brethren. Appended to this No. is a lengthy reply, of twelve octavo pages, by Dr. Hempel to the brief notice we gave in our last of his *Homœopathic Domestic Physician*. Dr. Hempel is very much mistaken if he imagines that we are actuated in any of our criticisms by anything besides a desire to advance our science, or that we are or wish to be otherwise than perfectly impartial towards friend and foe, as the following passage from his voluminous reply would seem to imply: "It is too fatiguing to wade through the whole mass of flippant nonsense which my critic has seen fit to perpetrate, FOR REASONS BEST KNOWN TO HIMSELF!" (the capitals are his, not ours); this "whole mass" consisting of

two or three lines more than a page ! We assure Dr. Hempel that we never had any desire to misquote him, and have in no case done so. All that we wished to point out was, that for almost every malady mentioned in Dr. Hempel's book *aconite* was held to be one of the chief remedies, if not the real specific. We never denied it to be such, and in the diffident Aristotelian phraseology we say "it may be so," at all events we cited Dr. Hempel's authority for the matter, just as we might bring forward the authority of Mr. Everest for the very opposite, seeing that he, Hahnemann and Hempel to the contrary notwithstanding, solemnly asserts that no good homœopathist ever gives *aconite*, at least in chronic diseases. We do not hesitate to aver that of the several thousand purchasers of the several thousand copies sold, who it is to be believed must be non-medical persons, the great majority seeing the name of *aconite* constantly occurring first on the list, once or twice on almost every page, will carry away the idea that *aconite* is little short of the specific for all "*domestic*" diseases. To shew the superficial manner in which some dilettanti read the superficial works offered to them under the title of "domestic guides" and such like inviting phrases, we shall tell our esteemed colleague a little anecdote respecting a countryman of his own, as it was related to us by an ear-witness. A cute-looking "down-easter" entered the shop of one of the homœopathic medicine-venders of New York to purchase some homœopathic medicines. The shopkeeper asked him if he would buy one of his neat little ready-made family medicine chests. But his customer objected to this and said he would prefer selecting his own medicines, as he had been reading a homœopathic work and expected he knew pretty well what were the principal remedies recommended, as he guessed he had not read the book for nothing. He forthwith commenced an enumeration of those he wanted in alphabetical order, Aconite first of course, then Arnica, Belladonna, Bryonia, Chamomilla followed in due succession ; the next one was however a puzzler, "Give me next *Diagnosis* 12," quoth the customer—"No such medicine," replied the shopman. Our dilettante was highly disgusted and emphatically expected he

had seen it mentioned in every page of his Domestic Oracle; and therefore he calculated he would be able to do wonders with it.

We may conclude by observing that none appreciates the services rendered to homœopathy by Dr. Hempel more highly than ourselves, and we have ever been ready to tender our obligations to him for his unwearying zeal in catering for the wants of all homœopathists who speak the English language, but our duty as editors forbids us to express aught but our real opinion of the works we review, irrespective of our feelings of respect and esteem for a learned and laborious colleague.

TO OUR AMERICAN READERS.

SINCE the intimation given by Mr. Bailliere last April we have received most gratifying letters from some of the most respected and esteemed of the American homœopathists, expressing their regret that the continued existence of our Journal should have been threatened. To these gentlemen we beg to tender our cordial thanks, and we feel much flattered by the testimony to the utility of our undertaking that has been given by them and other gentlemen, who have shown an interest in the matter. Since the subject has thus been brought before the public we deem it but due both to them and ourselves to give a short statement of our position.

In consequence of having had great cause for dissatisfaction with the mode in which our former agent in New York managed the affairs of the Journal, whereby, among other things, great irregularity in its delivery to American subscribers was occasioned, we felt ourselves obliged to make a change at the beginning of this year, and we accordingly appointed Mr. Bailliere, of Broadway, New York, our American agent. Since that time our former agent, Mr. Radde, has thought fit to reprint the Journal, in order, if possible, to deprive us altogether of the American sale. Now, as even with the small profit we derived from the sale of our Journal in America, we have, for the nine years during which we have conducted the Journal, incurred a considerable annual loss, we are not prepared to go on with our

undertaking if that loss is doubled, as it will be, by our being deprived of the American circulation; and we therefore appeal to the scientific spirit of our American colleagues, to assist us by taking the Journal from our agent, Mr. Bailliere, of New York, if they would not wish to oblige its complete cessation, which must inevitably happen should they purchase the American reprint. In order to induce our American readers to obtain their copies from our agent, we offer them at the same price as the reprint is advertised to be sold at. As the appearance even of our next number may be greatly affected by the report we receive from Mr. Bailliere of the number of copies we are likely to sell in America, we trust that those who take any interest in the continuation of the work will without loss of time intimate to Mr. Bailliere their resolution to support us, and we beg to remind them that upon their promptitude the fate of the undertaking may be said to hang.

J. J. DRYSDALE,	}	<i>Editors.</i>
J. RUTHERFURD RUSSELL,		
R. E. DUDGEON,		

HOMŒOPATHIC INTELLIGENCE.

The Hahnemann Medical Society.

[We continue our report of the more interesting discussions of the Hahnemann Medical Society.]

Fifteenth Ordinary Meeting, February 4th, 1851.—The subject for discussion for the evening was announced to be *gonorrhœa and its treatment*.

Dr. Dudgeon said that the treatment of this disease homœopathically was often not so successful as we could wish, that whilst many cases were removed in a few days by means of the usual remedies, such as *cannabis*, *cantharis*, *mercurius*, &c., others seemed to resist altogether homœopathic medication, and in spite of all our efforts would degenerate into gleet of the most obstinate character. He had treated cases which had got well completely and permanently in the course of a few days, and he had had one case, where, after several years of all descriptions of allopathic treatment external and internal, under which the patient emaciated away to a

skeleton, and became subject to attacks of so-called gonorrhœal rheumatism in the left knee of unusual severity, all these symptoms were removed and the patient recovered his embonpoint and strength, under the use chiefly of *thuja*, *sulphur*, and *nitric acid*. On the other hand, he had recently had a case, almost from the commencement of the disease, in which, after some months of fruitless treatment by internal remedies, both the patient and himself had got tired of the want of success, and he had had recourse to external treatment, by means of injections of *acetate of zinc*, which in a few days removed the discharge, and all traces of the gonorrhœa completely, and as some months had now elapsed since the cure, he might say permanently. The question we were bound to consider was this, seeing the inutility of homœopathic treatment in some cases, were we justified in having recourse to injections? Many homœopathists were of opinion that injections were not only harmless but indispensable; thus, Hartmann had recommended *acetate of zinc* for injection, and some homœopathists had found good results from creating an artificial urethritis by means of a strong solution of *nitrate of silver* injected several times within a short space of time, until inflammatory action was established, whereby the discharge was at first much aggravated but afterwards gradually declined and ceased entirely. This ought to be termed local homœopathic treatment.

Dr. Hector Arneth, of Vienna, said that he had never witnessed any very striking success from the homœopathic treatment of gonorrhœa, *cantharis* and *causticum* seemed to be the remedies which had the most beneficial effect in the cases he had treated.

Mr. Le Mesurier had cured several Jews in Ancona, of gonorrhœa, with *cannabis* and *thuja*. One obstinate case yielded to *senega*, the indication for which medicine was that the patient had mucous urine; this case had long been under allopathic treatment.

Dr. Chapman's homœopathic treatment of gonorrhœa had been much more decidedly successful than his allopathic. He used in allopathy to introduce a bougie smeared with Copaiba balsam along the urethra into the bladder. He had treated hundreds of cases by this method alone, and had never failed to effect a cure thereby. He believed Copaiba to be a true specific for clap, and that if the disease be taken in its early stage, we should be able to cure it in from ten to twelve days. He still occasionally employed this plan. He protested against the use of injections. It was difficult to manage so that they should not go beyond the seat of the disease and thus cause stricture. He believed it to be contrary to true science, to give a medicine topically that could not be given at the same time internally. Gleet was often psoric in its nature. Hahnemann said that *conium*, *sepia*, and *lycopodium*, were often necessary to cure gonorrhœa. It could not be said to be merely a local affection. He had seen buboes and swelled testicle arise from suppressed gonorrhœa. In cases of long standing gleet, spermatorrhœa was often present, the spermatazoa could be detected in

the discharge by means of the microscope. For this he believed Lallemand's treatment to be essential, and he was in the habit of recommending it to patients so effected. He protested against the idea of homœopathic treatment not sufficing for the cure of gonorrhœa. He had had vast experience in both systems, and he could say that there was much less difficulty in curing the disease homœopathically than allopathically.

Mr. Hands said he had recently had a gentleman under his care, who had been treated by injections, and had got hernia humoralis. This he cured by means of *aconite* and *pulsatilla*.

Dr. Dudgeon said, that though Dr. Chapman had protested against injections, he had rather inconsistently advised the introduction of Copaiba into the urethra, and whilst denouncing the local employment of remedies that were not to be given internally, he had stated Lallemand's treatment to be essential for some cases, this treatment consisting chiefly, as was well known, in the cauterization of the neck of the bladder by Nitrate of Silver. With respect to the difficulty alleged by Dr. Chapman to exist in reference to confining the application of injections to the seat of the disease, he might inform them that Hahnemann in one of his earliest works had described and given a drawing of an instrument for this purpose, which he called the syphon syringe. Dr. Chapman did not apparently limit the application of Copaiba to the seat of the disease, as he directed the bougie smeared with it to be introduced into the bladder.

Dr. Henriques had had a good deal of experience in the treatment of gonorrhœa, allopathic and homœopathic. The latter he considered equally successful with the former. He believed that mere hygienic means would often cure the disease in a fortnight. In cases complicated with psora, he had found *sepia* an excellent remedy.

Dr. Epps believed that the most common cause of the obstinacy of gonorrhœa, was the patient exposing himself to a repetition of the exciting cause of the disease while under treatment, the disease itself often causing great increase of the sexual desire. In the first stage of gonorrhœa he had found *aconite* of great service; when the discharge was yellow *mercurius* was the remedy, and also when there existed tenderness of the groin. *Cannabis* had seldom justified his expectations. *Cantharis* was a valuable remedy in chordee, and in cases where *mercurius* did not subdue the heat and irritation. After the pain was gone he usually gave *hepar* and *nux* alternately with great success. He was once treating a gentleman for an affection of the throat, that he had had for many years; the throat was cured, but gonorrhœa occurred without any infection, as he ascertained positively. He had had gonorrhœa many years previously, which had been treated and suppressed by means of injections. This then was a case of gonorrhœal sore-throat. He never used injections; he believed they often produced a state of ill-health that lasted for years. It was not wonderful that allopathy sometimes cured, as it mixed every possible ingredient that

had ever cured clap in one prescription. He considered homœopathy was extremely successful in this disease.

Mr. Hering thought it was almost criminal to employ injections in the first stage of gonorrhœa. In the latter stage of gleet he had often been much puzzled. In the first stage he usually gave *aconite* for a fortnight, then *cannabis* and *mercurius*, *nitric acid* and *sulphur*. He asked whether injections of *Thuja* might not be of use.

Dr. Chapman had seen great benefit from *Cinnabar*.

Dr. Henriques spoke favourably of the effects of *petroselinum* in gonorrhœa, but he believed that practitioners usually gave too much medicine in gonorrhœa, and that they would cure it more rapidly if they gave less.

Dr. Arneth mentioned that in a large allopathic hospital in Vienna only cold water dressings were used for gonorrhœa and with great success, a cure was effected in from 7 to 9 days. Of course perfect rest and low diet were observed.

Mr. Wilson had found that *argentum nitricum* was the only remedy that had chordee among its symptoms, and he had used it successfully in several instances where this symptom was present. The best work on the subject of gonorrhœa he considered to be that of Haubold. He believed that all their discussions in the Society amounted merely to this: "choose the right remedy and you will cure the disease." He wished that no such name as gonorrhœa had ever been heard of, inflammation of the urethra was a much better term and avoided confusion. He thought little was to be gained from the discussions unless we went thoroughly into the genius of disease and drug. He had under his care a man who was affected with enormous enlargement of the spleen. He had been in many hospitals and had passed 48 small renal calculi. He had symptoms of stricture of the œsophagus, for which he had been treated 16 or 18 months without relief; he could only swallow by raising himself up with his arms, taking hold of something above his head. When the food entered the cardiac orifice of the stomach he felt as if it dropped down into his stomach. He (Mr. W.) gave him at first *baryta carbonica* 200 with some benefit, but the amelioration soon stood still. He then gave high dilutions of *cinchona* and *ignatia*. Under *ignatia* 200 he perceived itching of the urethra, although he had had no sexual connexion, (he had had gonorrhœa 25 years before); scalding then ensued, followed by copious brown discharge and burning in the front of the urethra and chordee. He now gave *argentum nitricum* 8rd trituration, and in three days there was great improvement. Instead of gleet being a disease which it was desirable to cure as fast as possible, he held it to be in many cases a great blessing to the patient. He had had a patient under his treatment for four years, during all which time he had gleet. When he first came under his care he was a perfect wreck, he had been deluged with *hydriodate of potash*; he had numbness of the limbs, three of his brothers had died of

phthisis, and a sister had a malignant disease of the womb. He had cured three cases of spermatorrhœa with *nitrate of silver*.

Dr. Dudgeon observed that Mr. Wilson's experience of the value of the Nitrate of Silver where there was chordee, was corroborated by the practice of Ricord, who used, in the first inflammatory stage of gonorrhœa, injections of a saturated solution of Nitrate of Silver.

Dr. Viettinghoff had cured gleet by *kreosote*, which offered something similar in its pathogenesis. A case of sore throat of five years' standing, that had come on after suppressed gonorrhœa, he had likewise cured with *kreosote*.

Dr. Curie said, in reference to Dr. Henriques' remarks, if homœopathy was not more successful than allopathy in the treatment of gonorrhœa, we had no need to change our system. He believed it was much more successful. Gonorrhœa was termed by allopaths the *opprobrium medicinæ*. When allopathy suppresses diseases, it calls that curing them. Many symptoms might be developed from the suppression of a disease 20 years or more afterwards. He believed injections to be a frequent cause of stricture. The great difficulty of curing gonorrhœa arose, he believed, from this: that patients would not submit to a strict regimen and rest.

Sixteenth Ordinary Meeting, February 18th, 1851.—The discussion on the *Therapeutic uses of Aconite* was commenced by the following letter from Dr. Stokes, of Wickwar.

Wickwar, 17th Feb. 1851.

Sir,—I am requested to give the result of my experience in the therapeutical application of Aconite. My opportunities of giving this medicine have been very rare, and limited to three cases, at least since my adoption of the homœopathic system. The cases in which I administered this drug previously I count for naught, seeing that it was given without a principle of action other than what is furnished in Dr. Fleming's publication on the subject. I had occasion to notice more than once its power of subduing the action of the heart, and reducing the pulse from a full tense and bounding condition, to a small, thready and quick one. It may be thought odd that in two years that I have been practising homœopathy, I should not have met with many more opportunities of using Aconite, either as a chief means of combatting inflammatory attacks, or as an intercurrent remedy. But in a small population of less than 1000 persons, most of whom are engaged in agricultural pursuits, and generally healthy, acute inflammation is a rare occurrence. I have only known three real acute pneumonias since six years that I have been here. In one of those I gave Aconite in small doses of tincture, bought of Ferris and Score, in Bristol, and think the favourable termination of the case and the absence of the necessity for using the lancet, was owing to the power exercised over the circulation by the medicine.

The most remarkable case of therapeutical efficacy I ever saw, was that of Wm. Webb, Carpenter, æt. 64. He had been ailing with pains in the

chest and tightness of breath for a fortnight, more or less, when he was suddenly seized, on Saturday the 7th December last, with violent stabbing pain in the right breast, about an inch above the nipple. It was confined to one spot, and was excruciating in its severity. Respiration hurried and painful; anxiety and distress extreme; could not remain a moment in one position. I did not apply the stethoscope, not having taken it with me, but as the indications were so plain, at once gave Tinct. Acon. in water, I meant only to give one drop, but there fell three into the wine-glass and I filled it up with water, I gave two teaspoonfuls. In five minutes he asked if anything were on his head, which is bald and only occupied by a few straggling gray hairs; no change in respiration. At the end of ten minutes from the first dose I repeated it, and immediately the sense of tingling was manifested in the hands and arms, in the lips and tongue, and scalp, together with a certain numbness in those parts. Breath no better. Pain began to extend more under the arm; waited ten minutes and gave another dose. The man got worse every minute, the pain followed him up in the most savage manner; he rolled on his bed, then on to the floor, and rolled about in the arms of his friends groaning in agony and despair. The pain had now (in about 35 minutes from 1st dose) extended round to the scapulæ, and he felt as if they were being torn off his thorax. It was now nearly 3 P.M. and I left him, the pain having somewhat abated in violence. When I saw him again at 5 P.M. I was told he had been in bad pain till near 4 o'clock; but he was now sitting by the fire pretty comfortable; breath much relieved, and pains diminished. They returned, however, very rapidly and severely after I left the second time, and I sent him by his daughter, who came to inform me of the relapse, six doses of the dynamised medicine, 2 glob. in each, at the 3rd dynamisation. The first dose afforded relief in a few minutes, and the pains very soon left entirely. Next day he felt as if he had been drunk over night, and very sore in the breast and shoulders. A couple of doses of Nux v. removed these feelings so much as to cause me to cease attending; the case being one of gratuitous care on my part. He was not quite well however for some weeks after this, having still a heaviness in the situation of the pain above the nipple, but as I had no application from him I did not look after him any more.

I have to remark on this case that the medicine was far too highly dosed at the beginning, as I saw by the furious aggravation that took place after the second dose. The great desideratum is to reduce the dose, that the vital force shall have the least possible difficulty in overcoming it; and if the dose be properly adjusted to the degree of severity of the case, the reaction will be mild, and the cure pleasant to both parties. This is a matter demanding vast tact and long experience. In this case you see that the too great action of a material dose was calmed instantly by a repetition of the remedy in a dynamised form, and a few removes in advance; a fact

I have seen verified in many cases, but in this and a couple of others more especially.

Another case in which I saw the immediate good effects of Aconite occurred on Thursday last. The patient, a young unmarried lady, subject to most grievous nervous headache, was very poorly with one of her accustomed visitations at the going off of the menses, and had been very ill for three days. I found her very much prostrated, incapable of bearing motion or of talking; face dusky; nose turned up; skin cold and blue; horrible drawing pains down the back; pulse thready and weak; no thirst; mouth dry. Three glob. of Aconite 3, in a wineglassful of water, a teaspoonful at once and repeat in three hours if necessary. The first dose restored the warmth of skin, relieved the fulness and pain in head, diminished the pains of back, and raised the pulse to a firm steady beat; it was therefore not repeated. So complete and immediate was the result, that it was more like magic than medicine.

I have been taught to consider this medicine as fit only for acute and inflammatory cases, and as an improper intercurrent remedy, except in very few cases, that I have refrained from using it when it has been possible to do without it. It appears to me to have been used frequently by homœopaths *intercurrently* with other remedies in the treatment of chronic cases, and slight subacute ones, in order to meet certain symptoms that were unpleasant or annoying. But I have learnt that in the homœopathic treatment of a chronic case, it is wrong to SUPPRESS symptoms; that the more you can bring out the better, and that when you have the good fortune to get up a good crisis, you should let it alone, nor meddle with nature's operations unless they are dangerous or excessive. This is, I think, the spirit of the instructions of Hahnemann, as delivered in his works, which it is my intention always to follow to the best of my ability.

I have the honor to remain, Sir,

Your very obedient Servant,

To Dr. Dudgeon.

ADRIAN STOKES.

Dr. Madden had found *aconite* useful in three distinct classes of disease: 1st, Acute inflammation, either alone or alternately with a remedy more specific to the diseased tissue: 2nd, In cases of great nervous excitement; in these he found it was best to give globules of the 6th or the 12th dilution in solution, frequently repeating the dose; he had frequently found patients under the influence of the most intense nervous excitement quieted immediately by it: 3rd, He had found it a most admirable remedy for cutting short incipient acute affections, such as colds. In books we read that *dulcamara* was indicated where such affections were caused by wet; *mercurius* where they were produced by cold; he had found aconite superior to either in both these cases. The way he gave it was in solution, a dose every half-hour, or every hour. Since Dr. Ozanne had published his observations on measles in the *British*

Journal of Homœopathy, he had employed *aconite* alone in that disease and found it answer admirably. In such cases he gave it in the 3rd dilution. For nervous headaches, no remedy was more generally useful. In headache chiefly seated in the forehead which goes on to megrim, he gave *aconite* frequently repeated, with great effect. Although he had given *aconite* in all potencies, and to many different cases, he had only met with one case where it had produced marked depression. He was not at all afraid to use *aconite*. It scarcely interfered with the action of the majority of our specifics. Nervous headache was not cured by *aconite*, we required to give some other medicine in the interval of the attacks which it alleviated. In many cases of headache he had found great advantage in following *aconite* by *bryonia*.

Dr. Chapman had since last meeting seen a case which confirmed the observations then made about the recurrence of gonorrhœa. Ten days ago, he saw a gentleman who was subject to rheumatic fever, affecting his brain, joints, &c., preceded by acute urethritis, which had not yet ceased. His natural pulse was 60, when he (Dr. C.) saw him it was 90. He has now got comparatively well under the use of *cantharis*, *bella-donna* and *colchicum*. On inquiry, he ascertained that he had had no gonorrhœa nor any impure connexion for twenty-five years. *Aconite* was one of the most important of our remedies. He thought that in pure inflammatory fever and in synocha its action was more decided than in other cases. Before he practised homœopathically he had used *aconitine* in nervous headaches. He expected to meet with the same good results from *aconite*, but had been disappointed. A gentleman from the West Indies lately consulted him; he had breathlessness and inability to ascend hills; in all other respects he was well, except that the sounds of his heart could not be heard. He had great fear of death. He gave him whenever he had an attack of these symptoms, *aconite* as a palliative, and *sepia* at other times. He got quite well. He should mention that he stopped his grog also; he had formerly lived too high, and indulged too plentifully in stimulants. The two most important indications for *aconite* in his opinion were, inflammatory fever and nervous excitement, with fear of death, but without horror, a kind of tranquil fear. It was in acute inflammation what *sepia* was in chronic. *Aconite* ought to be very valuable in the fevers of the tropics. It was a medicine of very short action. In most cases of measles he had found *pulsatilla* quite sufficient; when that disease was complicated with *purpura miliaris*, *aconite* was most useful. He might mention that the exanthematous fevers were seldom, now-a-days, met with pure; we never saw the smooth *scarlatina* of Sydenham now.

Dr. Epps read from his case-book some characteristic symptoms removed by *aconite*. He detailed the case of a person who laboured under the delusion that he was the Son of God, whom he cured by means of *stramonium* 3, mixed with his cocoa, as he obstinately refused to

take any medicine. For fear of death no remedy was so good as *aconite*.

Dr. Curie said, we might have some idea of the therapeutic uses of *aconite* by looking over Noack and Trinks' Manual, where two pages were occupied by a mere enumeration of the acute and chronic maladies in which it had proved useful. He objected to applying the term specific to the homœopathic remedies; a remedy that was useful in two hundred different cases like *aconite* could never be considered specific to all these different diseases. Diseases were seldom cured by one remedy, generally by a series of remedies, one being appropriate to one stage, another to another. So *aconite* was useful in particular stages of many diseases. Thus it was useful in one stage of inflammatory fever, of typhus, of the exanthematous fevers. In pneumonia it was invaluable when the reaction set in. The same was the case with pleurisy and the croup. But in all these diseases, after *aconite* had done its utmost, there remained something that *aconite* could not cure. It was also useful in chronic diseases; in some of the phases of consumption it could not be dispensed with. *Bryonia* was a useful remedy after *aconite*. It was of great importance to discover the proper sequence of remedies.

Mr. Clarke said he had observed that in acute diseases if *aconite* did no good where it seemed to be indicated, that was a fatal sign: all the patients in whom it had happened in his experience had died.

Dr. Madden could half confirm Mr. Clarke's observation. In many fatal cases he had observed that *aconite* did no good when apparently indicated; but in some cases, when under similar circumstances *aconite* did no good, other remedies were useful.

Mr. Engall had, in the beginning of his practice, been called to a patient labouring under congestion of the brain, with complete insensibility. He gave with fear and trembling *aconite* alternately with *opium* every half-hour, and to his surprise the patient recovered.

Mr. Hering said he often had cause to wonder at the power of *aconite* in reducing the pulse and lessening the heat of skin in inflammatory fevers. It often acted as a powerful diaphoretic. In some cases its sedative action on the heart was very remarkable. In a relation of his own a dose of the 6th dilution caused some exhaustion, and a repetition of the dose brought on fainting. He had seen a globule of the 24th dilution bring on symptoms of intoxication. He had read of a case where a dose of *aconite*, in a person affected with long-continued constipation, had brought on a copious evacuation of the bowels. He was accustomed in cases of constipation to give a dose of *aconite* before administering *nuxvomica*, and he had found this a very successful plan. It did not act as well in congestions as *sepia*. In a case of thickening of the rectum causing stricture he had effected a cure by means of *sepia*. The duration of the action of *aconite* was not many hours.

Dr. Epps said it was of importance to attend to the seat of the heat in inflammation in which *aconite* was useful; thus it was of no

use in the intense heat accompanying *ostitis*; and the colour of the inflamed part was also important to be attended to. In *ostitis* the skin had a bluish colour, and the character of the heat was quite peculiar; here *arsenic* acted like a charm. *Belladonna* again was more suited to the heat of the head than *aconite*.

Dr. Madden called attention to a curious circumstance that had occurred from time to time in his practice, which had rather frightened his patients, and inspired them with a great awe of the powerful character of the medicines used in homœopathy: it was this: on four different occasions the tumblers in which the medicines were mixed had spontaneously split right through the middle. In each case the spoon had been laid across the tumbler, but the glasses were at rest when the breakage took place. In all the cases the medicines in the tumblers were in the 3rd dilution; they were not the same medicines.

Seventeenth Ordinary Meeting, March 4th, 1851.—The discussion on *aconite* was resumed by Mr. Millard, who said he believed this medicine was particularly applicable in diseases where the vital force abounded, whether in affections of the nervous or of the circulating system. He thought that our medicines might be arranged in a natural or artificial order, somewhat like the Linnæan system of classification of plants. Thus *aconite* being especially suitable and valuable where the vital force was redundant, might be placed at one end of the scale, whereas *arsenic* and *carbo vegetabilis*, which were useful in an opposite condition, might be placed at the other end of the scale. There was indeed no royal road to homœopathy, but he believed that if medicines were arranged according to a plan somewhat like this, that would be something to aid us in acquiring a knowledge of them. *Aconite* had a large range of action, but it also acted specially on certain parts more than on others. The first homœopathic medicine he had ever given was *aconite*, and he was much struck with its effects.

Mr. Clarke stated, that some years ago he had a severe sore-throat, for which a brother practitioner of the old school recommended him to take *aconite*. He directed him to mix six drops of Pereira's Tincture of Aconite with a dram of Soda in a tumblerful of water, and to gargle his throat with this. He did so, and immediately experienced acute stabs in the throat and felt very drowsy, though he was not aware of having swallowed any of the medicine. He thought that the increase of the circulation caused by *aconite* was a secondary effect, that its primary action was on the nervous system. When *aconite* was given where inflammation existed it had a decided sedative effect. He believed it acted more on serous than on mucous membranes; thus it was a better remedy for pleuritis and peritonitis than for tonsillitis or gastritis. He had found it one of the best remedies for allaying nervous irritability and for producing repose, even where no arterial excitement existed. When he found himself in this state, and was unable to sleep at night, he mixed a drop or two of *aconite* in a tumblerful of water and sipped it occasionally till he fell asleep.

Mr. Engall had a patient, a clergyman, who used to suffer from

intense headache after preaching; *aconite* always had the effect of removing it. He mentioned a case which seemed to shew that homœopathic medicine did not act unless the nerves were entire. It was that of a man who had been paralysed for many years from below the umbilicus. Homœopathic medicines did not produce the slightest effect on his bowels, which never could be opened at all except by a powerful purge.

Dr. Chapman said there were some singular circumstances that shewed that medicines acted differently according as they were applied to different parts of the body. Thus, some poisons, when introduced into a wound, killed instantaneously, whereas they might be taken into the stomach with impunity. There was a close relation existing betwixt the disease and the remedy homœopathic to it. In tropical regions it was no unusual thing to see persons who had been much affected by intermittents, with their spleen extending from the ribs to the pelvis, this was called the *ague cake*. Bark was the chief specific of this affection, and it had been observed that Bark given for other disorders had produced similar engorgements of the spleen. In the Hahnemann Hospital a patient had lately presented himself with enlarged spleen, which passed away under the use of China. Abernethy published a book upon what he termed pseudo-syphilis, which treated of the cases resembling syphilis, caused by mercury. He believed that each individual medicine acted specifically on certain organs. The parts most under the influence of *aconite* were the heart and the brain. He had frequently seen *aconite* reduce the pulse in inflammation in six or seven hours. Very shortly after he had begun to enquire into homœopathy he was sent for to see a man affected with incipient apoplexy; the face was livid, the eyes staring, he could not stand, and his pulse was throbbing violently. He took out his lancet to bleed him, when he discovered that he had a large anthrax in his wrist. Now allopathically the apoplexy indicated bleeding, but the anthrax indicated Bark, Wine, &c. He thought that under these circumstances he would try what homœopathy would do, and he gave the man *aconite* every half-hour. In the evening he was out of danger, and the anthrax was speedily cured by *lachesis*, *carbo vegetabilis*, &c. *Aconite* often acted homœopathically in cases where allopathists would not bleed; thus it was very useful in nervous apoplexy. If we call *aconite* a substitute for the lancet; we can at least apply it in a much greater variety of diseases than we can V. S. But homœopathy was rich in medicines for apoplexy, and had one for a every different variety. He did not consider it necessary to have a different remedy for every different stage of a disease; the triumph of art consisted in curing a disease with one remedy only.

Eighteenth Ordinary Meeting, March 18th, 1851.—The subject for discussion this evening was announced to be *small-pox and its treatment*.

Dr. Epps observed that vaccinia and small-pox very rarely travelled together. If a person was vaccinated, but about the same time exposed to the infection of smallpox, it sometimes happened that the vaccinia only came on after the small-pox had run its course.

Mr. Hands stated that upwards of twenty years ago he had vaccinated a good many cases of small-pox on the first invasion of the disease, and he found that after the small-pox had run its course the vaccinia often appeared and ran through its stages.

Dr. Dudgeon observed, that a case the opposite of those just mentioned had recently been brought under his attention. The parents of a young lady at a boarding-school in the neighbourhood of London, who had small-pox in their house, distant some hundred miles from town, became apprehensive lest their daughter should catch small-pox, and sent her in a letter some vaccine matter. Three days after the receipt of the vaccine, she was vaccinated with it; the cow-pox ran its usual course, but no sooner had the scabs formed than symptoms of small-pox appeared, and she had a pretty smart attack of that disease, which left traces of its severity in her face. As far as could be ascertained, there was no small-pox prevalent in the vicinity of the school where this young lady was, she must therefore in all probability have caught the infection from this same letter that brought the vaccine from the infected house in the country, and the disease must have lain latent in her system while the vaccinia ran its course. She had been already vaccinated in infancy.

Dr. Epps stated, that in the Small-pox Hospital once on a time, it was found that all the children who were vaccinated there got small-pox in place of cow-pox. It was at first supposed that the vaccine matter was at fault, but fresh vaccine produced the same result. The children were vaccinated in a portion of the building where there were small-pox patients, and the air being impregnated with the variolous virus, the act of vaccination permitted the entrance into the system of this virus, which being more powerful than the vaccinia, produced small-pox instead of cow-pox. When this was discovered, the children were afterwards vaccinated in a part of the building where there were no cases of small-pox, and they had proper cow-pox. Vaccination performed after the invasion of small-pox, undoubtedly exercised a modifying influence in that disease. He had observed a curious circumstance relative to vaccination. When a child was vaccinated and the disease did not take, if it was again vaccinated after two months or even longer, and the vaccination took effect, he had noticed that the vaccine vesicle was as far advanced at the eighth day as it usually was on the tenth, shewing that a certain change had been produced by the first vaccination, though it had manifested no signs of its influence at the time. He believed that many cases of malignant and fatal typhus were produced by medical men bleeding and purging and otherwise depleting patients who had the premonitory symptom of small pox and other exanthematous fevers, whereby the eruption was checked in its development.

Dr. Curie said, he had witnessed a fearful epidemic of small-pox twenty-five years ago. It affected chiefly the poor, though the rich were not spared. At that time he vaccinated people by thousands. He saw a great many cases of small-pox occurring in persons who had been vaccinated, and in them the disease offered great varieties. Sometimes it was as severe

as if they had never been vaccinated ; persons even who had had natural small-pox of great severity were occasionally attacked, and had the disease as badly as at first. About one in ten of the cases had been vaccinated, but still they could not help acknowledging at the time, that vaccination was a great blessing, for very few of those who had been vaccinated died, and very few of them had confluent small-pox. Some cases that appeared very bad at first, afterwards assumed a milder form. In this epidemic he had witnessed both the antiphlogistic and the stimulant methods of treatment, but he had soon abandoned both these methods from the fatal consequences that followed them. He did not approve of allowing the patient to be exposed to cold air, as he considered that was attended with very bad effects. He then detailed the case of the house surgeon of the Hahnemann hospital, who had had a severe attack of small-pox, from which he had just recovered.*

Dr. Henriques had witnessed a good deal of the treatment of small-pox in the old system. He believed the expectant system to be the best. There was he believed no specific for small-pox known in homœopathy.

Dr. Curie said, that if Dr. Henriques meant there was no mode of strangling small-pox he agreed with him, but much might be done to modify its various stages.

Dr. Dudgeon said, that little had been spoken to-night about the homœopathic treatment of small-pox. On looking over the records of homœopathic treatment, he had been struck by the discrepancy that existed with respect to the medicinal treatment of variola. One physician spoke of one medicine as having never failed him, another had found no effect from the same remedy, but had found some other efficacious. He believed the cause of this discrepancy arose from the variety in the character of the epidemic and of individual cases of small-pox. Many epidemics were mild, others were severe ; some accompanied by *sthenia*, others more by *asthenia*. Different remedies would of course be required to meet these different characters of the disease. Again, he had observed that in the records of cases where the disease was said to have been wonderfully cut short by the treatment adopted, it was seldom if ever stated if the patient had previously been vaccinated. Now this was a point of the utmost importance to be attended to. He had witnessed a case of the most violent confluent small-pox, ushered in with the most intense febrile symptoms, in which the pustules died away in a remarkably short space of time, and left few or no permanent marks. In this case the disease was modified by the influence of the previous vaccination. From this and similar facts he believed that it was impossible to say before-hand whether the disease would be severe or slight. As to *cutting short* a case of natural small-pox, he believed that to be a delusion. From what he had stated it would be evident that there could be no one specific for small-pox, but there were he believed many epidemics in which some remedy was

* This case has already been reported in the *Homœopathic Times*.

capable of exerting a powerful influence on the result of the disease, and the excellence of homœopathy was to be judged of, not by its power of cutting short diseases of this character with certain definite stages, but of rendering the various stages mild, and of saving the lives of a greater proportion of cases than was done by any other method of treatment. The effects of *tartar emetic*, to which attention had been drawn by Dr. Liedbeck in the *British Journal of Homœopathy*, corresponded very closely to some of the symptoms of small-pox. Not to mention the general symptoms common to both, *tartar emetic*, as was well known, was capable of exciting specific pustules on the skin, very similar to those of variola, and which might, as Dr. Lichtenstein had shown, be propagated by inoculation from one individual to another, and were, according to that author, prophylactic against small-pox. *Vaccinine* had been employed internally by several homœopaths apparently with excellent effect. Gross and Rummel had both spoken highly of its virtue, and Bethmann had observed, that in cases of variola treated by *vaccinine* the cicatrices did not become so blue in the open air, nor leave such deep pits. Another similar remedy, which had long ago been recommended by Attomyr and Tietze for variola, viz., *varioline*, which these gentlemen had used in the 30th dilution, had recently been revived by Surgeon Schnappauf, who had experienced excellent effects from its use, in the first dilution, in two epidemics of variola that had recently prevailed in Dresden. He had treated above 20 cases with this remedy alone, and all successfully. Trinks corroborates his assertion. Bönninghausen had recommended *thuja* 200 for the cure and prophylaxis of small-pox; he spoke of it as infallible in an epidemic that prevailed at Münster, and stated that its administration would supersede altogether the necessity for vaccination. Trinks asserted that in the epidemics in Dresden just alluded to, neither *thuja* nor *tartar emetic* were of the slightest use. Hartmann alleged that *mercurius* had never failed him in the suppurative period of small-pox. Trinks said that *opium* was specific in the accompanying ptialism. He (Dr. D.) had treated several cases of modified small-pox homœopathically, one recently in the Hahnemann Hospital. This was a disease that generally gave very little trouble, and most cases would do very well with a minimum of treatment. One case he had recently had of natural small-pox where he was not successful. It was that of a very sickly rickety child, between 6 and 7 years old, who had been subject since his birth to the most violent cough and diarrhœas, and scrofulous inflammation of the eyes. He had always advised and urged the mother to have the child vaccinated, but this she always neglected doing, as she had a prejudice against it. The child took small-pox of the most frightful confluent character, not a portion of the body but what was covered by the eruption. It died quite suddenly, before the pustules had come to maturity.

Dr. Epps said he could never cease wondering at the admirable effects of homœopathic treatment in small-pox. *Lachesis* and *hepar* produced the most beautiful crusts where there was any difficulty about the formation of

them, and in some cases of delicate children the desiccating stage was the most dangerous of all; no crusts would form, an unhealthy ichor exuded from the eruption, and the patients began to sink. *Lachesis* in such cases was most efficacious. In one street there had recently been four cases of small-pox, three of these treated allopathically died, the fourth and worst case of all was treated homœopathically and recovered.

Twenty-second Ordinary Meeting, June 8, 1851.—Dr. Martins read an Essay on the Yellow Fever and its homœopathic treatment. (Vide p. 485.)

Dr. Martins, in reply to questions from various members, stated that with respect to the comparative mortality from yellow fever under allopathic and homœopathic treatment, he could only judge by a comparison with the statistics furnished by the allopathic hospitals, and in these the mortality from the same epidemic ranged from 16 to 30 per cent., whereas theirs was less than 7 per cent.; he admitted that there might be a greater mortality in the hospitals than occurred with patients treated allopathically at their own houses, but certainly allowing for that, there was no doubt that their treatment had been much more successful than that of their opponents, and the confidence that homœopathy gained with the public was such, that as they would observe from the statement he had read, upwards of 3000 patients demanded the services of the three homœopathic practitioners in the town. Both of his fellow practitioners had been allopaths, who were converted to homœopathy by witnessing his success in the homœopathic treatment of the yellow fever. One of these was attached to the police, and the other was a practitioner of some eminence and reputation among his colleagues before he had embraced homœopathy, but afterwards they found out that of course he had always been a stupid fellow. The doses of the medicines mentioned as useful in the pestilence were the fourth or fifth dilutions. He stated that he could get official returns of the number of deaths he had had from the police authorities, but that would not tell the per centage out of the number treated. A great many of the cases he had treated never went beyond the first stage, and the prognosis was very unfavourable if they went into the third stage; almost the only medicine to which they could trust in the black vomit was *argentum nitricum*.

Dr. Henriques stated it was a curious coincidence that in the yellow fever of the West Indies the allopathic practitioners found two of the same remedies that Dr. Martins had alluded to useful in this disease, viz., *mercury* and *nitrate of silver*.

Dr. Martins further proceeded to give an account of the rise and progress of homœopathy in Brazil, which did not materially differ from what we have already detailed in this Journal (vol. vii, p. 530), except that in place of there being but one homœopathic establishment now in Rio there are two, the latter one, the Homœopathic Academy, having Dr. Martins for its president. He stated that it was quite true that the Homœopathic Institute conferred diplomas, but these diplomas had not the least legal

weight, and homœopathists as well as allopathists were forced to obtain the legal qualification to practise from the old faculties of medicine.

Homœopathy in Turkey.

Extract from a Letter from one of the Consuls at Smyrna to Dr. Scriven, of Dublin.

It is painful to state, in answer to your enquiries, that Homœopathy is neither known nor enquired after in this country, and naturally still less practised. My family and some of my friends know it to be good, and report brings from Europe the tidings of its progress; but few feel the desire, I might say the necessity, of homœopathy, although all agree in condemning allopathy. This is to me not a matter of great wonder, but of great regret. In this country Europeans are intent on making money in all classes and professions, doctors as well merchants having almost no interest in the improvement of this country, excepting in what touches their immediate comfort. The distance between European civilization and Turkish endeavour to follow it daily increases. I had been told that a French doctor, M. —, was practising homœopathy in Constantinople, and I paid him a visit. My disappointment was great. He offered to treat diseases in whatever way the patients preferred, by allopathy, hydropathy, or homœopathy, and after some observations affirmed that homœopathic medicines can be mixed together and produce good effects. Such a scientific knowledge was too much, and I withdrew. [This monstrosity, we believe, may be witnessed by the curious without taking a journey to Turkey.] In the annals of homœopathy Turkey must still be left a blank. In the interior of Asia there are two poor Greek doctors who feel some interest in it, and I procured them some books and medicines; but no mention need be made of such a trifling beginning, time only will prove the result. Had I time I should translate into Greek some elementary works. The task is arduous, and I have not yet been able to find a co-operator. In a tour I made last year to Europe, I tried my utmost to get a homœopathic doctor to come here and settle; they have too much to do however, and I could not succeed. Some doctors in Paris and M. Chargé of Marseilles have promised to try and send me one. If I may be allowed to think of my own little experience, the natural law *similia similibus curantur* is as true here as anywhere else. I may even add that the effects of homœopathic medicines are still more sensible, more easy to point out, than in colder climates. In the prevalent season-fevers of spring and autumn and in those of a typhus character homœopathic treatment proved a most powerful agent to restore health. In uterine diseases, so numerous and complicated in this country, homœopathy has succeeded wonderfully, even after ten or twelve years' treatment by the old system. In the cholera, and in fact in all forms of diseases, I have been able to study and to test the law, and its application is as mathematical as the laws by which the motions of the spheres in astronomy are calculated before-hand.

Analysis of Cases treated at the London Homœopathic Hospital,
from April 10th, 1850, to April 9th, 1851.

NOTE.—It must be borne in mind that this Analysis is a register of diseases treated, and that where two or more important diseases have occurred in the same patient, they have been recorded but not reckoned as separate cases received at the Hospital.

	IN-PATIENTS.						OUT-PATIENTS.									
	Total	Cured or Conv.	Left the Hosp.	Relieved	Unaltered	Died	Under treatment	Total	Cured or convalescent	Relieved	Cases not taken	Result unknown	Adm. In-Patient	Died	Incurable	Under treatment
CLASS I.—Zymotic Diseases.																
scarlatina.....								4	4							
measles.....								3	3							
Varicella.....								1	1							
Pertussis (Hooping Cough).....								13	7	2		1	1			2
—, Sequelæ of, having been under allopathic treatment								3	3							
aphthæ.....								2			1					1
Synanche Parotidea.....	1	1						3	3							
Diarrhœa.....	1			1				24	21			1				2
Dysentery.....	1	1						3	3							
Influenza.....								3	3							
Erysipelas.....	1	1						2	1				1			
Typhus and Typhoid Fevers.....	5	4				1		11	6			1	4			
Intermittent Fever.....								2	2							
Remittent Fever.....								2	2							
Bilious and Gastric Fever.....	10	9					1	1	1							
Rheumatic Fever.....	3	3						6	4							2
Erysipelas.....	6	6						2	2							
Erythema nodosum.....								3				1				2
Syphilis (Primary).....	4	4						5	1			1	2			1
Syphilis (Secondary).....	1	1						6	3	2						1
Gonorrhœa.....								7	4			2				1
Gonorrhœal bubo.....	1	1														
Fleet.....								3	1	1		1				
Echusia.....								1				1				
Origo.....								26	11	6		1				8
Cabies.....								4	4							
	34	31		1		1	1	140	90	11	1	10	8			20
CLASS II.—Sporadic Diseases of uncertain or variable seat.																
Hæmoptysis.....	3	1		1		1*		19	7	5		1	2			4
Hæmatemesis.....								3	3							
Hæmorrhoids.....								11	6	3						2
Hæmorrhagia.....								7	5			1				1
Anæmia.....																
Chlorosis.....	2			1			1	10	3	3			1			3
Acute General Dropsy (Ascites with Anasarca).....	1	1														
Anasarca.....								3	1			2				
Edema.....	1	1						1	1							
Ascites.....								1	1							
Hydrarthra.....								4	2			1				1
Hydrocele.....								1				1				
Carried forward.....	7	3		2		1	1	60	29	11		6	3			11

* In the case of a robust man of 45, an engineer in an iron factory, exposed to great changes of temperature, the Hæmoptysis was relieved, but Pneumonia came on and proved fatal.

	IN-PATIENTS.						OUT-PATIENTS.							
	Total	Cured or Conv.	Left the Hosp.	Relieved	Unaltered	Died	Under treatment.	Total	Cured or convalescent	Relieved	Cases not taken	Result unknown	Adm. In patient	Under treatment
Class II. brought forward ..	7	3		2		1	1	60	29	11		6	3	11
Ovarian Dropsy	7							7		4				3
Abscess	3	3						14	9	2			1	2
Abscess, Lumbar								2		2				
Ulcers	10	10						14	5	2		3		4
Caries								2	1				1	
Fistula in Ano	2	1					1	2	1				1	
" Dentalis								1		1				
" Lachrymalis	1			1										
Scrofulous Disease	1						1	26	12	6		2		6
" Abscess								8	1	4		1		2
" Ophthalmia	1						1	10	6			1		3
Tabes Mesenterica								7	4	2				1
Phthisis	6			4	1		1	42	2	22		6		11
Rachitis								2		1				1
Scrofulous disease of Joints	1			1				2		1		1		
Bronchocæle								1		1				
Tuberculous Cerebritis	1					1								
Pulmonary Tuberculosis	3	2		1										
Cancer (Scirrhus Vesicæ)	1				1			4		2		1		1
Osteo-sarcoma	1				1									
Tumours	1						1	8	3	2		1		2
Polypus								2	2					
Atrophy	1	1						3	3					
Debility								10	2	2		2		4
Gangrene	2					2		1					1	
Worms (Ascarides)								25	13	4		1		7
Tænia								7	2	3				2
Podagra								3	1	2				
	42	20	2	7	3	4	6	263	96	74		25	7	259
CLASS III.—Sporadic Diseases of Special Systems.														
A. Diseases of Nervous System.														
Congestion of the Brain	2	2						6	4			1		1
Disease of Brain								4		2				2
Apoplexy	1			1				2	1					1
Convulsions								2						
Epilepsy	4	3				1*		22	7	8			4	3
Paralysis	2	1	1					24	1	12		3	1	7
" Agitans	1		1					1		1				
Paraplegia								1				1		
Hemiplegia								5	1	2		2		
Amentia								1						1
Dementia								3				2		1
Melancholia								3		1		1		1
Delirium Tremens	1	1						1	1					
Cephalalgia								53	17	16		9		11
Hemicrania								5	2	1		1		1
Clavus Hystericus								2	2					
Hysteria								10	3	5				2
Carried forward	11	7	2	1		1		143	39	18		20	5	31

A woman of middle age, unmarried, had had Epilepsy from childhood, was admitted for cases of Chronic Gastritis, of which there were post mortem evidences.

	IN-PATIENTS.						OUT-PATIENTS.									
	Total	Cured or Conv.	Left the Hosp.	Relieved	Unaltered	Died	Under treatment	Total	Cured or convalescent	Relieved	Cases not taken	Result unknown	Adm. In-patient	Died	Incurable	Under treatment
Class III. A. brought forward..																
Neuralgia	11	7	2	1		1		143	39	48		20	5			31
Sciatica	1		1					19	7	3		3			1	5
Cramps	3	2	1					9	5	1		2				1
Laryngismus Stridulus								4	2	1						1
Vertigo								2	2							
Amaurosis								8	3	2						3
Ophthalmia, Acute								12		6						6
" Purulent								12	5	1		3				3
Blepharophthalmia								1	1							
Keratitis and Ulcerated Cornea								4	2	1						1
Chronic Opacity of Cornea								3	2	1						
Iritis								4	2	1	1					
Conjunctivitis	2	1					1	3	2	1						
Cataract								2	1							1
Otitis								2				1			1	
Rhorrhea								1	1							1
Rhœna								1								
Dysœcia								2	1	1						1
Dysecoia								19	3	7		4				5
<hr/>																
Class III. B.—Diseases of the Circulating Organs.																
Disease of Heart	3	1	2					26	4	11		3	1			7
" with Anasarca	1		1													
Pericarditis								1	1							
Hypertrophy								3		3						
Syncope								1								1
Phlebitis	1	1						1	1							
Angina Pectoris								2		2						
<hr/>																
Class III. C.—Diseases of the Respiratory Organs.																
Chronic Laryngitis								5		4		1				
Bronchitis	7	5					2	25	12	3						10
" Chronic	1		1					52	13	22		6				11
Bronchial Catarrh								13	5	1		1				6
Pneumonia	7	3	1				3	13	9			1		2		1
Pleuro-pneumonia	1	1														
Broncho-pneumonia	1	1														
Pleuritis	1	1						2	1			1				
Pleurodynia	1	1						11	9			1				1
Congestion of Lungs	1	1														
Cough								17	7	3		1				6
Dyspnœa with Cough								8	2	3						3
Asthma								25	2	9		9				5
Emphysema	1						1	2		1			1			
<hr/>																
	21	13	2				6	173	60	46		21	1	2		43

	IN-PATIENTS.						OUT-PATIENTS.									
	Total	Cured or Conv.	Left the Hosp.	Relieved	Unaltered	Died	Total	Cured or convalescent	Relieved	Cases not taken	Result unknown	Adm. In-patient	Died	Incurable	Under treatment	
CLASS III. D.—Diseases of Digestive Organs.																
Dentitio							7	4			2				2	
Odontalgia							6	4	1						1	
Prosopalgia							2	2								
Stomach-ache							4	8							1	
Cynanche Tonsillaris	8	3					8	8								
" Pharyngea							3	1							2	
Chronic Sore Throat							5	3	2							
Ptyalism							1	1								
Gastritis, Acute	2	2					14	10	2						2	
" Chronic							16	5	4		2				5	
Dyspepsia	1		1				110	49	21		15				25	
Gastro-enteritis	1		1													
Peritonitis	1	1					1	1								
Entero-dynia							1	1								
Gastralgia							9	6	2		1					
Hepatitis, Acute	1	1					6	4			2					
" Chronic							15	5	4						6	
Icterus	4	4					5	2	1			1			1	
Hepatic Abscess	1	1														
Splenic Disease							1						1			
Ulceration of Intestines							1							1		
Infantile Remittent Fever							1	1								
Stricture of Rectum							3	2							1	
Disease of Rectum							2	1							1	
Prolapsus ani							8	2	4						2	
Constipation (Habitual)							5	1	3						1	
Hernia							3				2	1				
Hypochondriasis	1			1			1				3				1	
Diseases of Glands							17	6	4						4	
Lienteria							1	1								
	15	12	2	1			255	122	48		26	2	2		55	
CLASS III. E.—Disease of Urinary Organs.																
Nephritis							2	2								
Nephritis with Abscess	1					1										
Enuresis							2	1	1							
Stricture of Urethra							4	1	2		1					
Nephralgia							1	1								
Enlarged Prostate Gland							2	1	1							
Dysuria							7	4	2		1					
Calculus Vesicæ							1								1	
Diabetes insipidus	1	1														
	2	1				1	19	10	6		2					

	IN PATIENTS.						OUT PATIENTS.									
	Total	Cured or Conv.	Left the Hosp.	Relieved	Unaltered	Died	Under treatment	Total	Cured or convalescent	Relieved	Cases not taken	Result unknown	Adm. In-patient	Died	Incurable	Under treatment
CLASS III. F.— <i>Diseases of Organs of Generation.</i>																
Orchitis.....								1	1							
Hæmatocele.....								1	1							
Oophoritis.....								4	1	1						2
Oysteritis.....								4	1	1						2
" Chronic	2	1					1									
Perimetrorrhea								5	1	1		1				2
Paramenia								28	6	7		6	1			8
Ulcer of Cervix uteri								6		3						3
Servico-metritis								1								1
Prolapsus uteri	1		1					6	1	2		1				2
Polypus uteri								5		2						3
Chronic induration of Uterus.....	1		1					2								2
Fibrous Tumour of Uterus.....	1						1									
Vaginitis								1	1							
Climacteric disease of women								7	1	2						4
Ovarian Disease								6		4						2
Lactation								1	1							
	5	1	2				2	77	14	23		8	1			31
CLASS III. G.— <i>Diseases of the Organs of Locomotion.</i>																
Rheumatism.....	2	2						41	13	13		2	1			12
" Chronic and Arthritic	7	3		3			1	29	7	14		3				6
" Gonorrhœal								1	1							
" Lumbago	1	1														
Periostitis.....	1						1	2		1			1			
Disease of Bones.....								3		1						2
Exostosis								1		1						
Synovitis								2	1							1
Housemaid's Knee	2	2						3								3
Contraction of Limb								1		1						
	13	8		3			2	83	22	31		5	2			23
CLASS III. H.— <i>Diseases of the Integumentary System.</i>																
Urticaria	1	1						3	3							
Eczema.....	1		1					10	3	2		1				4
Herpes								7	3			1				3
Ecthyma								1	1							
Acne Rosacea								1	1							
Psoriasis								27	8	11		1				7
Rhagades								2		2						
Paronychia	1	1						7	4			1				2
Furunculus								8	4							4
Plica polonica								1	1							
	3	2	1					67	28	15		4				20

	IN-PATIENTS.						OUT-PATIENTS.									
	Total	Cured or Convalescent	Left the Hospital	Relieved	Untreated	Died	Total	Cured or convalescent	Relieved	Cases not taken Result unknown	Adm. In-patient	Died	Incurable	Under treatment		
CLASS IV.																
Accidents	1	1					16	12			1			3		
Burn of Scalp	1	1														
Fracture of Rib	1	1														
Ununited Fracture of Neck of Humerus						1										
	4	3				1	16	12			1			3		
CLASS V.																
Poisonings and Medical Diseases	1	1					1	1								
Croup Pictum	1	1														
Mercurial ostitis				1												
	2	1		1			1	1								
Diseases not specified	1						52	10	9	14			1	18		

The University of Edinburgh and Candidates for their degree of M.D.

Mr. A. C. POPE's Statement relative to his Examination before the Medical Faculty of the University of Edinburgh.

The Medical Faculty of this university have, it appears, decided, that if any of their candidates intend to investigate the merits of homœopathy, they shall be remitted, until such investigation shall have satisfied them of the fallacy of this proscribed system of medicine. I am, I believe, the first who has lost the degree of M.D. under these circumstances, and since this is the case, my friends have thought it right that I should give as correct an account as possible of all that was said to me at the examination on this point; and therefore, without any further remarks, I will proceed to the matter in hand.

During the first part of my examination no reference was made to homœopathy, and it was not until after Dr. Christison had examined me on *Materia Medica*, and expressed himself as satisfied with me on that point, that he put the following question:—He said (as nearly as I can recollect), “I have been informed, Mr. Pope, by a colleague, that you

are intending to practice homœopathically ; now I don't believe it ; but tell me, is it the case ?" I replied, that I could not give a decisive answer until I had fully studied the subject, which I had determined to do, as I felt it to be a duty, seeing that so many men, of acknowledged talent, were daily becoming converts to this new system. Mr. Syme, who was present, then asked me if I would burn my diploma, or return it to them, if I became convinced of the truth of homœopathy ? To which I replied, that I saw no necessity for doing so, considering, as I did, that my diploma was merely an attestation of the amount of medical knowledge to which I have attained. Mr. Syme then said that he could not see how any honest man could practise homœopathically and call himself a doctor of medicine of a university which repudiates him. After this Mr. Syme remarked that they had nothing more to say to me there, but that they were quite satisfied with the examination. When I had been examined on the remaining subjects, I requested the porter to obtain my discharge for me, on which I was told to return to-morrow, at 4 P. M., when there was to be an extraordinary meeting of the medical faculty. The next day I waited at the university from 4 P. M. to 5 P. M., when the meeting terminated, and I was informed, by Dr. Balfour, the Dean of Faculty, that he was desired by the Medical Faculty to announce to me, that they were not satisfied with my examination, and in the second place, that they were not satisfied with the line of practice which I intended to adopt. I then said, that I did not understand what was meant by the first part of the objection raised against me by the faculty, as last evening all the examiners seemed perfectly satisfied with me. On this Dr. B. told me that I knew very well that I was very deficient in medical jurisprudence and surgery, and that I should at least require to be re-examined on these subjects. I then asked him if the medical faculty would require any thing more of me than my examination if I came up again in July. "Oh," said he, "we shall want to know whether you intend to give the decillionth of a grain of *Nux Vomica* or one or two grains, which is the ordinary dose." Said he, "You know quite well that we grant degrees here licensing to practise that system of medicine which is at present established, and therefore we must know whether you intend to do so before you can graduate." I told Dr. B. that I had a perfect right to study what I chose, and that I thought it my duty to study homœopathy. To which he replied, "But what is the necessity if you are satisfied that you can do good with what has been taught you, and particularly if you hold the degree of M. D." To this I replied, that if any one offered me a method of treatment by which I had a greater chance of curing my patients than that which is at present in vogue, I should feel it my duty to investigate it. "Well," said the Dean, "you must certainly know whether you intend to practise homœopathically or not, you must be quite decided on that point, and as I am merely telling you what I have been desired to do by the senatus : I have nothing more to say to you." After this of course I

left. My remission, or "reponement," is therefore grounded on a want of sufficient knowledge of surgery and medical jurisprudence, and on my most decided determination to investigate homœopathy most carefully and impartially. With regard to the first objection to my graduation I wish it to be observed that, were that a real objection I should have been apprised of it on the evening of examination, for I have the highest authority for stating that a rejection for want of knowledge was never remitted to an extraordinary meeting of the faculty, but done at once at the examination—two or three professors club their heads together at the time and the thing is done. I had understood that Professor Miller, who examined me on surgery, was satisfied with me, but he has since informed me that I was "rusty" on some points. I can, however, honestly state that there was, I believe, only one question out of a great many that he asked me, which I did not answer.

More than one of the professors have confessed to friends of mine that my examination was unexceptionable. But Prof. Miller stated to me, personally, that he had no doubt they would pass me in July, were I convinced by that time of the fallacy of infinitesimal doses. Volunteering this information out of private friendship, and hoping that I would make no further use of it; an amount of consideration which so much friendship and so little wisdom cannot look for at my hands.

The above facts are I think sufficient to prove that it is not from a deficiency in professional knowledge that I have been remitted, but solely on account of my fixed determination to study homœopathy.

37, CLEMENS STREET, LEAMINGTON,

June 21, 1851.

[The following letter has been written by our colleague on the above subject. Eds.]

Letter from Dr. Russell on the conduct of the Edinburgh Examiners.

EDINBURGH, June 17.

My dear DRYSDALE,—A matter has just come to my knowledge affecting so vitally the future course of homœopathy that I lose no time in acquainting you with it. One of our most industrious and conscientious students has been plucked at his second examination avowedly on account of his having a leaning to homœopathy. After going through as creditable an examination as nine-tenths of those who passed, he was distinctly asked by Professors Syme and Christison, whether he meant to practise homœopathically, he replied, he intended to study it at all events, and he was then told that in that case he would be expected to return his diploma. After a full meeting of the medical faculty, he was informed that he was rejected. There is no doubt this is the beginning of preconcerted tactics. It seems that when Dr. Simpson was in London lately he heard from many quarters that Edinburgh was the hot-bed of this medical heresy, and he gave the alarm forthwith to his colleagues. Their combined wisdom could invent no better plan of putting an end to this fatal dissemination of

the doctrines of Hahnemann than resorting to the old often-tried method of persecuting those who are inclined to the new faith. The folly, criminality, and cruelty of this act are upon a par. In our day men were rejected for knowing too little, not too much. Now it appears that all graduates of the University of Edinburgh are to be denied the just testimonial of their faithful prosecution of the prescribed studies, for a diploma is no more, unless they are prepared to bind themselves by a solemn promise never to advance a step beyond the lessons taught them at school. Our professors have attained the end of all knowledge, and have promulgated a gospel in strict obedience to which all who take a degree are to bind themselves to walk! Have they not advanced a step beyond their teachers? And are they quite sure that their successors shall not overturn or modify any of the doctrines they inculcate? The folly of converting an examination of knowledge attained into a confession of faith presided over by a body of inquisitors is too flagrant not to be instantly felt so soon as it is stated. Nor is the criminality less than the folly. All tests are nets for tender consciences. It is easy for a student to deny all knowledge of homœopathy and intention of practising it, while yet he has the fixed determination to do so the moment he gets his degree. So that those who should do all they can to strengthen the moral force of the young mind, to teach it honesty, candour, bravery, nobility, are doing their utmost to degrade it into meanness, deceit, and hypocrisy, revolting in any character, but doubly so in the highest of human vocations, which I look upon the true physician's as being.

The cruelty to the individual by this gross injustice is so painful, and rouses such a sense of intense indignation against those who have mocked the patient, industrious, self-deniant competitor for the hard-earned, well-merited prize which was to crown his tedious four years' course of enduring toil, that I dare not venture to characterize it by the epithets by which in other cases such conduct is stigmatized, lest I should exceed the large license of bitter phrases which these very Professors have been allowing themselves in their recent mutual recriminations. It is not easy to think calmly of the long cherished hopes of youth suddenly quenched because he was too manly to lie. Whether it is creditable for our Professors to employ spies to discover the leanings of their candidates, I leave to the judgment of gentlemen. Sure I am, that the professors of a former generation would sooner have seen their halls deserted and college walls crumble into ruins, than have lent themselves to a work so intensely revolting to all lofty minds.

Foolish, criminal, cruel; it will hasten what they wish to retard. The world will not stand still at their command. And so long as homœopathy commands the belief of so large and influential a public, there will be found physicians to practise it; and if our alma mater becomes an arida nutrex and refuses to supply or even to permit the knowledge demanded by the public, other institutions, as in America, will be formed to meet the wants of the age, and our once famous University, from being merely the dormitory of learning, will become the mausoleum of science.

Yours faithfully,

J. RUTHERFURD RUSSELL.

2 L 2

Hahnemann's Statue.

A letter just received from Dr. Rummel, of Magdeburg, informs us that the foundation stone for Hahnemann's Monument was laid at Leipzig, on the 23rd of May. There were deposited beneath it the earlier writings of the illustrious Founder of Homœopathy, a medal struck to commemorate the 50th anniversary of his doctorship, portions of his handwriting, &c. &c. The statue is on its way from Rome to Leipzig, and will, as we before intimated, be uncovered on the 10th of August next. The committee publicly invites all the admirers of Hahnemann of all countries, medical and unprofessional, to assist at the ceremony on that day, and at the meetings of the Homœopathic Central Society on the 8th and 9th of the same month. It is expected that there will be a large gathering of homœopaths on the occasion, and England no doubt will furnish a considerable number of representatives. Dr. Rummel informs us that he believes the increased cost of the erection of the statue, occasioned by the change of locality from Cöthen to Leipzig, will be fully covered by the sum collected by Dr. Dudgeon for that purpose, which has already been announced in the *Homœopathic Times*, and the gross amount of which is £21 : 8.

Homœopathy at Halifax.

We have before us the Report of a Meeting at Halifax for the purpose of establishing a house of recovery, which was attended by sundry allopathic practitioners and one homœopathic practitioner, our worthy friend Mr. Ramsbotham. A certain Dr. Kenny made himself on this occasion the mouth-piece of allopathy, and took upon himself to object to the presence of Mr. Ramsbotham at a meeting of the sort, which he declared he felt himself bound to do in consequence of the resolutions of the Edinburgh College of Physicians which he had just been made aware of, to which he acknowledged allegiance, and according to which no regular practitioner could meet a homœopathist "without derogating from his own honour and from the honour of the profession." It turned out that a great many of the non-professional gentlemen present, from whom the "sinews of war" were mainly to be obtained, were, according to Dr. Kenny's confession, "more or less favourers of homœopathy," so that apparently the allopathic champion did not receive that support from the meeting in his attack which he probably desired and expected.

On first reading Dr. Kenny's gallant assault on Mr. Ramsbotham we naturally supposed that he was a bona-fide fellow of the Royal College of Physicians of Edinburgh, who had strayed into England, "a sunbeam that had lost its way," and to satisfy ourselves we examined an Edinburgh almanack, but we find no such name in the list of this illustrious body ; and on a second perusal of the paper it seems clear to us that the worthy Doctor's

wits have got troubled by the presence of so many gentlemen of the homœopathic persuasion, and that in his confusion he has confounded two things totally different—the University of Edinburgh, from which he holds his degree, and the College of Physicians. There is no more relation between the two than there is between the Tailors' Company, of London, and the London University. Like the Tailors' Company, the College of Physicians is a chartered body and has a monopoly of practice in the Cannongate and Potter's-row, like that body too, it gives entertainments; instead of dining princes, as its richer analogue, it gives "Thés physiologiques ou chimiques" once a month to its native citizens; they are both accused of encouraging the sweating system too; the sign of the one is a goose, and the sign of the other a serpent. But with diplomas, or learning of any kind, the College of Physicians has no more to do than the Tailors, and we never heard of any of the latter, from the memorable three who constituted themselves the people of England, to Alton Locke, Tailor and Poet, who pretended to great degrees in art or science of any kind.

We are very well pleased that this wonderful ordnance of the Royal College should have been fired off so soon in Yorkshire; it was found to be loaded with nothing but blank cartridge, and although from the strong smell of sulphur it may have annoyed the assembly where it was discharged, it is not likely to be again attempted, for Dr. Kenny probably recollects the reply given by the ostler whom his friend found pining instead of fattening, when asked how he, a Yorkshireman, did not contrive to extract more from his master, that "master was Yorkshire too." The other pretensions of Dr. Kenny, when curiously investigated, may turn out as spurious as fellowship of the College of Physicians. In Edinburgh the College of Physicians has become from this act an universal laughing-stock, and we understand from good authority that the members are already vexed at the miscarriage of their plans (although presided over by the great midwife of the day) and throw the blame upon the mismanagement of their Secretary, whose foolish impertinence to Professor Henderson put the whole College in a false position at the outset.

Professor Henderson and the Monthly Journal of Medical Science.

"Alleged Toleration of Homœopathy by the Medical Faculty of the Edinburgh University."

"As much blame has been imputed to the professors of the University for their alleged apathy in regard to the homœopathic perversion of a colleague, we think it right to state that the medical faculty have done all that was in their power. Several years ago, when it became known that Dr. Henderson was treating acute inflammatory affections by the adminis-

tration of globules, in the clinical wards of the Royal Infirmary, the medical faculty having in vain remonstrated with him, intimated to the managers of the Hospital that they did not wish he should any longer act as one of the Professors of clinical medicine, and he was dismissed accordingly. As to the professorship of general pathology, the medical faculty have no power in the way of appointment or dismissal; but we have no doubt that if it ever came to their knowledge that Dr. Henderson was making his lectures from this chair the vehicle of Homœopathic doctrines, they would petition the patrons for his removal. The testimony of students who have attended this course assures us there has hitherto been no ground for any such complaint; and so long as this is the case, we do not see how the medical faculty can take cognizance of the principles upon which their colleague chooses to conduct his private practice.”— (From the *Monthly Journal of Medical Science*, June 1851.)

Dr. Henderson has the following remarks to make on the foregoing paragraph, apparently from the pen of a member of the medical faculty of the University of Edinburgh:—

That he was *dismissed* is *not true*; but on the contrary, in the utmost possible degree at variance with the truth, as a very brief statement of the facts will shew. Soon after he had begun to employ homœopathic remedies in the Royal Infirmary of Edinburgh, Dr. Henderson was waited on by a Committee of the Managers, including Lord Medwin, the late Mr. Whigham, advocate, and the late Mr. Richard McKenzie, writer to the signet, who informed him that the managers had been apprised of the new practice he had introduced into the Infirmary, and that this deputation of their body had been sent to request that he would discontinue such practice, and prescribe those remedies only which were employed by the profession at large. Dr. Henderson's reply was, that he could not remain in the situation of Physician to the Infirmary, or of Professor of Clinical Medicine, unless he were unfettered in the selection of his remedies, and that as the managers had deprived him of that liberty he would quit the office he held, as soon as the course of lectures he was engaged in delivering should come to a close. That resolution he kept, notwithstanding the repeated and urgent solicitations of a leading member of the medical faculty, whose letters on the subject are still in Dr. Henderson's possession.

The Hahnemann Hospital.

A FANCY BAZAAR in aid of the funds of the above hospital was held in the Hanover Square Concert Rooms, on the 12th and 13th of June, under the patronage of the Duchess of Kent and many ladies of rank, several of whom officiated at the stalls. The weather was unfortunately extremely unpropitious; and therefore, although the display of ladies' work was of the most brilliant and attractive description, the amount realized was not so great as it might have been under more favourable circumstances.

The sum obtained was about £ 500. We are glad to state that the hospital is in excellent working condition. Forty-five beds are made up in it, and these are generally all occupied, and the attendance of out-patients is very numerous. A report is about to be published, which will soon be in the hands of all the subscribers. Clinical lectures have been given by several of the medical officers, which have been respectably attended, and several enquirers have lately been watching the practice in the hospital with great assiduity.

Resolutions against Homœopathy by the Royal College of Physicians of Edinburgh.

THE defection of four of their Fellows, the last being their late esteemed Treasurer, Dr. Ransford, who as some of our readers know was formerly distinguished for his opposition to the doctrines of Hahnemann, together with the weekly threats of the infuriated *Lancet*, has stirred up this ancient corporation to pass the following resolutions, whose want of logic, sense and grammar, betray the haste with which they have been got up, and to which we give a place in our Journal, in order that they may serve as a land-mark to the future historian of medicine, and shew the liberal and enlightened spirit that animates our medical bodies in the middle of the nineteenth century. Here then are the now famous resolutions of the College aforesaid, which ever since their publication have been the theme of praise for all the allopathic hebdomadal journals—resolutions of a grave college condemning a medical doctrine and practice, on which it sits as judge, and against which it appears as accuser, refusing to hear any evidence for the defendant, and disdaining to give a single reason for its most unrighteous verdict. How the conscientious belief in a particular therapeutic theory and the application of the same to practice should render some of their Fellows unworthy of the high privilege of belonging to a body that confers the inestimable right to practise somewhere about the purlieus of the “Heart of Midlothian,” and gives periodical tea-parties, does not clearly appear, but it is quite on a par with the recent act of the sister institution—the Faculty of the University of Edinburgh—refusing to grant a certificate of knowledge—which a diploma is—to an industrious student—not because he knew too little, but because he knew too much. Henceforth the Royal College may adopt for its motto :

“Worth makes the man, the want of it the Fellow ;”

whilst the Faculty has already demonstrated the fallacy of that other saying of the elder Pope :

“A little learning is a dangerous thing ;”

for it had fared better with our younger Pope had he shewn that he possessed a little less learning than he exhibited.

“At Edinburgh, and within the College Hall there, the ninth day of May, one thousand eight hundred and fifty-one years, an extra-

ordinary meeting of the Royal College was held, pursuant to a Resolution agreed to at the last quarterly meeting, and of which extraordinary meeting due notice was given by billets sent to all the Fellows.

“ Dr. Simpson, President, in the Chair. Roll called, and absentees fined.

“ Dr. ALEXANDER WOOD, the Honorary Secretary, reported the circumstances which led the Council to believe that the time was now come when it was necessary to take some steps in regard to those Fellows of the College who had professed themselves Homœopathic Practitioners.

“ The following Resolutions were moved, seconded, and *unanimously* agreed to :—

“ 1. That the Royal College of Physicians of Edinburgh did several years ago publicly express its opinion of Homœopathy and Homœopathic Practitioners, by peremptorily declining to admit into its body a candidate for its Fellowship, who belonged to that denomination, and consequently that no Fellow of the College can possibly be ignorant of the light in which all those who practise Homœopathy are regarded by the College.

“ 2. The College regret that, notwithstanding this decided expression of their opinion, more than one of its Fellows, after being admitted in a different character, have endangered the reputation of the College by becoming Homœopathic Practitioners ; and the College express an earnest hope that these Fellows, seeing that they have thus virtually separated themselves from the college, will *spontaneously* sever their further connexion with an Institution which repudiates them, and from which they derive, as merely nominal Fellows, nothing else than a false position and a spurious credit.

“ 3. The College feel the more bound thus to express their opinion, inasmuch as those of the Fellows who have become Homœopathists, or any other medical Practitioners who follow Homœopathy, must necessarily be aliens to the other Fellows, and to the profession at large ; inasmuch as no Fellow of this College, nor any other physician, can, by any possibility, without derogating from his own honour, and from the honour of the profession, meet Practitioners of Homœopathy in consultation, or co-operate with them in the other common duties of professional life.

“ 4. That, although the College has hitherto not thought it expedient to take any active steps for disclaiming those Fellows who have become Homœopathic Practitioners subsequently to their admission to the College, nevertheless, since it has the power of dealing summarily with those who act in a manner so unbecoming the character of a physician, it reserves its right to exercise this power when it shall be so advised.

“ It was further moved,—

“ That the College having found it necessary at length, and very reluctantly, to take action in regard to those Fellows, who, having entered the College in a different character, have subsequently avowed themselves to be Homœopathic Practitioners, remit to the Council to direct copies of

this and the foregoing first four Resolutions to be transmitted by the Secretary to all such Fellows as are now, or may hereafter, be known to have acted in this way, trusting that this may lead them to withdraw from the College.

“ This Resolution was also unanimously adopted.”

A contest has arisen in the Edinburgh newspapers on the subject of these resolutions, and we regret we have no space left for the insertion of the various letters and articles *pro* and *con* which appeared on the subject, particularly the masterly letter of Professor Henderson. Most of our readers are, however, already familiar with the controversy, the various phases of which have been transferred to the columns of our weekly contemporary, the *Homœopathic Times*.

The Homœopathic Congress.

As we have already intimated to our readers, the Congress will be held this year in London. The days fixed for it are the 23rd and 24th of July, and the place of meeting is No. 82, Sackville Street. We trust this Congress will be well attended, as the present attitude of the old school towards homœopathy is very threatening, and renders a close union among homœopaths more than ever desirable. Doubtless the measures required to be taken by the homœopathic body to resist the persecution of the old school authorities, and to vindicate the “ right of private judgment ” in medicine, will come under discussion at this Congress ; and certain we are, that the illiberality and oppression displayed by certain medical corporations will produce the usual result of strengthening the adherents of the cause of truth, and exciting among them a greater *esprit de corps* than they have hitherto exhibited.

CLINICAL RETROSPECT.

Hæmoptysis.

A tall, stout, cheerful man, about 30 years old, was suddenly attacked with spitting of blood whilst walking, without any previous illness. His allopathic doctor immediately ordered him off to Venice, where, as before, he was treated with venesections, purgatives and other weakening remedies, and at last sent on to Florence, whence he was counselled to go to Rome. Here he was treated with many medicines, and at last Castellamare mineral waters was prescribed, under the use of which he was suddenly attacked in the middle of the night with violent hæmoptysis. Dr. Wahle saw him on the 14th April 1844. He found him in bed very much emaciated ; the complexion yellowish grey ; the mind anxious ; he would scarcely move his lips ; weight and oppression of the chest ; and constipated bowels. He had lost during the night some pounds of blackish blood. Appetite bad ; weak and intermitting pulse. Otherwise, no complaints, except

that his humour was very dismal and desponding. The first remedy he got was *kreos.* 6, of which he got a powder containing 12 or 16 globules every eight hours for four days. The spitting of blood diminished forthwith, and in twenty-four hours no more was ejected, but he continued to complain of oppression of the chest, for which he received *phos.* 6 every night and morning for a week. Then two doses of *sulph.* 12, six of *ars.* 15, and a few doses of *staphis.* After this he complained no more: his appetite was good; his diminished strength increased from day to day; his sleep was quiet; and he recovered his cheerfulness. From precautionary motives he was provided with a small bottle of *kreos.* 6, and advised to take a small dose of it every two or three days, and on the 6th May he left Rome for his native country. He wrote afterwards to say he continued well.—Wahle, *N. Archiv*, iii, pt. 2, p. 41.

Loss of Speech.

A young lady, aged 21, tall, and of good constitution, of lymphatic-sanguine temperament, was engaged to be married, and when the ceremony was about to take place, her betrothed suddenly died of typhus fever: on learning the fate of her betrothed, she fell to the ground, without sense, and convulsed in all her limbs. When she recovered from this state it was discovered that she could not speak, and she was forced to express herself by signs, like the deaf and dumb. She was bled, leeches were applied in the course of the jugulars and behind the ears, she got foot-baths with mustard, and anodyne draughts. These remedies producing no good result, she then got purgatives, antispasmodics, sinapisms to the neck, a blister at the back of the neck, but all in vain. This state of things had continued three months when she sought homœopathic advice. She was then perfectly dumb, she had difficulty in moving her tongue, transient shooting pains through the head; otherwise her health was good. *Bellad.* $\frac{3}{12}$ in six ounces of water, a spoonful every morning was prescribed; after taking this for eight days no change was perceived. Ten days were allowed to elapse, and then *hyos.* $\frac{6}{30}$ was given in the same manner. After the fifth dose, the patient felt at night a convulsive movement, which produced a shock through all her frame; being frightened, she sat up in bed, and called out to her father in a distinct voice; from that time forward she was able to speak perfectly as before.—Rampal, *Rev. hom.*, Vol. i, p. 543.

BOOKS RECEIVED.

- Homœopathic Domestic Physician*, by DR. PULTE. Cincinnati, 1850.
An Essay on Spermatorrhœa and Urinary Deposits, by RICHARD DAWSON, M.D. London, Aylott & Jones, 1851.
North American Homœopathic Journal, No. II.
Jahr's New Manual of Homœopathic Practice, by A. GERARD HALL, M.D. Third Edition, New York, Radde, 1851.
Homœopathy, as applied to the Diseases of Females and of Early Childhood, by T. R. LEADAM, M.R.C.S. &c. London, J. Leath, 1851.

LIST OF THE HOMŒOPATHIC PRACTITIONERS OF GREAT BRITAIN AND IRELAND.

- Acworth, E., M.D., 26, Promenade, Cheltenham.
- Allshorn, George E., L.R.C.S.E., 93, Hanom-street, Edinburgh.
- Anderson, J., Surgeon, Richmond, Surrey.
- Atkin, George, M.D., 56, Prospect-street, Hull.
- Barry, F., M.D., M.R.C.S.E., Artillery-place, Finsbury-square, London.
- Batchelour, W., M.D., Finsbury-place, Finsbury-square, London.
- Beilby, William Ralph, M.D., 137, Hope-street, Glasgow.
- Bell, W., M.D., M.R.C.S.I., Norwich.
- Bellamy, F., M.R.C.S., 2, Clifton, Guernsey.
- Black, Francis, M.D., 12, Lansdowne-place, Clifton, Bristol.
- Blake, James Dore, M.R.C.S.E., Taunton, Somerset.
- Booth, W., L.A.C., 25, Meadow-lane, Leeds.
- Blyth, John, M.D., 16, Fitzwilliam-square, South, Dublin.
- Boddy, Walter Thompson, M.D., M.R.C.S.E., M.A.C., Park-street, Windsor.
- Brady, P., M.R.C.S.E. & L.A.C., North-road, Huddersfield.
- Broackes, W., M.D., M.R.C.S.E., 1, Cork-street, Burlington-gardens, London.
- Browne, Henry, (in practice prior to 1815,) 8, Ferdinand-terrace, Hampstead-road, London.
- Cameron, Robert, M.D., South-parade, Huddersfield.
- Cameron, Hugh, M.R.C.S.E., Uxbridge-house, Burlington-gardens, London.
- Chapman, Matthew James, M.A. Cantab., M.D., 11, Grosvenor-street, London.
- Chepmell, Edward C., M.D., 13, Maddox-street, Bond-street, London.
- Clarke, John Say, M.D., M.R.C.S.E., & L.A.C., 1, Canonbury-park, Islington, London.
- Cockburn, Samuel, M.D., L.R.C.S.Ed., 43, Union-street, Dundee.
- Craig, W. S., M.D., M.R.C.S.E., 15, York-place, Leeds.
- Cresswell, H., M.D., M.R.C.S.E., 25, Oxford-street, Leeds.
- Cronin, Edward, M.D., Claremont-house, Brixton-road, London.
- Curie, Paul Francis, M.D., 17, Hanover-square, London.
- Drysdale, John J., M.D., L.R.C.S.Ed., 44, Rodney-street, Liverpool.
- Dudgeon, Robert Ellis, M.D., L.R.C.S.Ed., 82, Gloucester-place, Portman-square, London.
- Dunn, George, M.D., Priory, Doncaster, Yorkshire.
- Elliot, Henry, M.R.C.S.E., Hood-street, Newcastle-on-Tyne.
- Engall, Thomas, M.R.C.S.E., 15, Euston-square, London.
- Epps, George N., M.R.C.S.E., 19, South Audley-street, Grosvenor-square, London.
- Epps, John, M.D., 89, Great Russell-street, Bloomsbury, London.
- Eylert, Frederic, M.D., Woodland-cottage, Shirley, Southampton.

- Fearon, George, M.D., M.R.C.S.E., 31, Great Charles-street, Birmingham.
 Fischer, Charles, M.D., Sidney-place, Stamford-hill, London.
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 Frith, Robert, M.R.C.S.E., 10, Chalcott's-villas, Adelaide-road, Haverstock-hill, London.
 Garret, George, M.D., M.R.C.S.E., & L.A.C., Kidderminster.
 Gillow, William, M.R.C.S.E., Pemberton-villa, Clifton-park, and 63, Queen's-square, Bristol.
 Goodshaw, James, M.D., 16, Fitzwilliam-square, South, Dublin.
 Gray, James E., M.R.C.S.I., Houghton le Spring, Fence-houses, Durham.
 Guinness, Arthur, M.D., F.R.C.S.I., 3, Dixfield, Exeter.
 Gully, J. M., M.D., Great Malvern, Worcestershire.
 Hale, Robert Douglas, M.D., M.R.C.S.E., St. Leonards on Sea.
 Hamilton, Edward, M.D., F.L.S., 22, Grafton-street, Bond-street, London.
 Hamilton, Robert, M.D., Maddox-street, Bond-street, London.
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 Hanson, Sidney, M.D., Leicester.
 Harris, Henry B. Mitchell, M.D., St. Helier's, Jersey.
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 Hewitt, Joseph, M.D., M.R.C.S.E., 20, Rivers-street, Bath.
 Hilbers, George J., M.D., M.R.C.S.E., L.A.C., 9, South Bedford-street, Liverpool.
 Holland, E. C., M.R.C.S.E., L.A.C., Honiton, Devon.
 Holland, George Calvert, M.D., 19, St. Mary Abbot's-terrace, Kensington, London.
 Hunter, Thos. Davis, M.R.C.S.E., L.A.C., 9, Addison-terrace, Notting-hill, London.
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 Ker, Claudius Buchanan, M.D., 20, Cambray, Cheltenham.
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 Laurie, Joseph, M.D., L.R.C.S.Ed., 12, Lower Berkeley-st. Portman-sq. London.
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- Luther, Charles, M.D., 28, Rivers-street, Bath.
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- Lyschinski, Adam, M.D., L.R.C.S.Ed., 12, Warriston-crescent, Edinburgh.
- Mackern, T., L.R.C.S.I., Clapham.
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- MacIntosh, —, M.R.C.S., 63, Queen Square, Bristol.
- McLeod, Wm., M.D., F.R.C.P.E., Benrhydding, Ottley, Yorkshire.
- Mc Oubrey, William, M.D., 3, Swan-street, Chelsea, London.
- Mac Swinney, J., L.A.C.D., Galway, Ireland.
- Madden, Henry, M.D., 76, Grand Parade, Brighton.
- Malan, Henry V., A.M., M.D., 6, Great Cumberland-street, London.
- Marsden, James L., M.D., Great Malvern, Worcester.
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- Massy, R. Tuthill, M.D., L.R.C.S.I., 70, Broad-street, Worcester.
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- Metcalf, J. B., M.R.C.S.E., 16, Clapton-square, Hackney, London.
- Mill, James, L.R.C.S.Ed., Thurso.
- Millard, John, M.R.C.S.E., L.A.C., H.E.I.C.S., 4, Lloyd-square, London.
- Moore, John, M.R.C.S.E., 37, Great George-street, Liverpool.
- Newman, George, M.R.C.S.E., Glastonbury, Somerset.
- Norton, Edward John, M.D., M.R.C.S.E., The Friars, Chester.
- Osman, Henry, M.D., London.
- Ozanne, John, B.L., M.D., 24, Saumarez-street, Guernsey.
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- Parsons, William, M.R.C.S.E., Hockley-hill, Birmingham.
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- Pearce, Charles J., Horsemarket, Northampton.
- Phillips, Edward, M.R.C.S., 2, Arlington-place, Oxford-road, Manchester.
- Prince, George K., M.D., Somerset-street, Bristol.
- Quin, Frederick Foster, M.D., 111, Mount-street, Grosvenor-square, London.
- Ramsbotham, John Hodgson, M.R.C.S.E., L.A.C., Huddersfield.
- Ransford, Charles, M.D., F.R.C.P.E., L.R.C.S.Ed., late one of the Examiners R.C.P. Edinburgh, 6, Micklegate, York.
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- Roche, John, M.D., Canning-street, Liverpool.
- Rogers, J., M.D., 39, Bloombury-square, London.
- Rosenstein, J. G., M.D., 3, Wintown-place, Blackheath-road, Greenwich, London.
- Roth, Matthias, M.D., 10, Little Ryder-street, St. James's, London.

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 Scholefield, Wm., M.R.C.S.E., L.A.C., Dunham-terrace, Stretford, New-road, Manchester.
 Scott, G. M., M.D., 80, Bath-street, Glasgow.
 Scriven, Wm. B. B., A.B., M.B., 40, Stephen's-green East, Dublin.
 Sharp, W., F.R.S., M.R.C.S.E., L.A.C., Rugby.
 Simmons, J., M.R.C.S.E., L.A.C., 56, Tooley-street, Southwark, London.
 Sinclair, Eric, Surgeon, Wick, Caithness.
 Smith, Edmund, M.R.C.S.E., L.A.C., 99, Norfolk-street, Sheffield.
 Spillan, D., M.D., London.
 Stokes, Adrian, M.D., The Castle House, Wickwar, Gloucester.
 Strong, George, M.D., The Chace, Ross, Hereford.
 Stummes, Leopold, M.D., Great Malvern, Worcestershire.
 Sutherland, J. S., M.D., L.R.C.S.Ed., 17, York-terrace, Leamington, Warwick.
 Trotman, W. H., Surgeon, R.N. prior to 1815, 27, Park-street, Bristol.
 Tuckey, Charles C., A.B., M.B. & L.R.C.S.I., Homœopathic Hospital, Bloom-street, Manchester.
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 Walter, William, M.D., 217, North Earl-street, Dublin.
 Wardroper, William, M.R.C.S.E., L.A.C., Nottingham.
 Watson, Wm., M.R.C.S.E., 71, Bower-place, Maidstone, Kent.
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 Wilkinson, J. G., M.R.C.S.E. & L.A.C., Sussex-lodge, Finchley-road, St. John's Wood, London.
 Willis, Sherlock, M.D., Cantab, Swindon Manor House, Cheltenham.
 Wilmot, Ph. Mann, M.D., M.R.C.S.E., L.A.C., 84, Morland-pl. Southampton.
 Wilson, D., L.R.C.S.Ed., 22, Brook-street, London.
 Wood, Neville, M.D., F.R.C.P.E., 10, Onslow-square, Brompton, London.
 Woollorton, John, M.R.C.S.E., L.A.C., 7, Euston-place, Euston-square, Lond.
 Wright, J. A., M.D., F.R.C.S.E., the Square, Halifax.
 Wright, William, M.D., Price-street, Birkenhead, Cheshire.
 Yeldham, Stephen, M.R.C.S.E., L.A.C., 9, Stamford-street, London.

LOCAL LIST.

ENGLAND.

- Barnstaple, Devon.* Joice, John, M.R.C.S., L.S.A.
Bath, Somerset. Hewitt, Joseph, M.D., M.R.C.S. Luther, Charles, M.D.
Ben Rhydding, Ottley, York. McLeod, William, M.D., F.R.C.P.
Birkenhead, Cheshire. Wright, William, M.D.
Birmingham, Warwick. Fearon, George, M.D., M.R.C.S.E. Lawrence, Joseph, M.R.C.S. Parsons, William, M.R.C.S.

- Bristol.* McIntosh, M.R.C.S. Prince, George K., M.D. Trotman, W. H., Surgeon, R.N. prior to 1815.
- Brighton, Sussex.* Laurie, David C., M.D. Madden, Henry R., M.D.
- Cheltenham, Gloucester.* Acworth, E., M.D. Ker, Claudius Buchanan, M.D. Willis, Sherlock, M.D.
- Chester.* Norton, Edward John, M.D.
- Clifton, Gloucester.* Black, Francis, M.D. Gillow, W., M.R.C.S.
- Doncaster, York.* Dunn, George, M.D.
- Dover, Kent.* Parsons, Ph., M.R.C.S.
- Dunstable, Bedford.* Laurie, Wm. Forbes, M.D., L.R.C.S.E.
- Exeter, Devon.* Guinness, Arthur, M.D., F.R.C.S. Kingdon, Boughton, Med. Assoc. King's College, London. McIntosh, R.D., M.D.
- Glastonbury, Somerset.* Newman, George, M.R.C.S.
- Halifax, York.* Wright, J. A., M.D., M.R.C.S.E.
- Honiton, Devon.* Holland, E. C., M.R.C.S., L.A.C.
- Houghton le Spring, Durham.* Gray, Jas. J., M.R.C.S.L.
- Huddersfield, York.* Brady, P., M.R.C.S., L.S.A. Cameron, Robert, M.D. Ramsbotham, John Hodgson, M.R.C.S., L.S.A.
- Hull, York.* Atkin, George, M.D.
- Ipswich, Suffolk.* Mayne, W. H., M.D.
- Kidderminster, Worcester.* Garret, George, M.D., M.R.C.S., L.S.A.
- Leamington, Warwick.* Sutherland, J. S., M.D., M.R.C.S.E.
- Leeds, York.* Booth, W., L.A.C. Craig, W. S., M.D., M.R.C.S.E. Creswell, H., M.D., M.R.C.S.L. Irvine, F. W., M.D., M.R.C.S.E.
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LECTURES ON THE HISTORY OF MEDICINE,

By DR. SCOTT.

LECTURE II. — *Hippocrates — Plato — Aristotle — Diocles — Praxagoras — Erasistratus — Herophilus — Empirics.*

MEDICINE, which in its infancy was appropriated to no class of men, came to be associated with philosophy and metaphysics at the revival of such studies by Pythagoras and his successors. The union of a science whose value is so exactly in proportion to its practical utility, with studies whose tendency was to draw the mind away from the consideration of material things to abstruse and mysterious contemplations, naturally endangered the usefulness of the former, and accordingly it was one great effort of Hippocrates to keep them distinct, making medicine a science of observation and experience rather than of theory and speculation. To consider him as the founder of medicine is manifestly incorrect: to ascribe to him the honour of restoring the purity of the science, of settling its principles on a firmer basis, and of presenting it in an intelligible view, is no more than his just award. And when we say that he separated medicine from philosophy, we do not mean to assert that he considered them inconsistent in their nature, but that he held the science of medicine to be essentially practical, while philosophy, as then studied, was almost wholly speculative; but that physician he considered of the highest rank who without

confusion or misappropriation should unite the two: "a physician who is also a philosopher is equal to a god." The assertion is akin to the tribute paid to Socrates that he brought philosophy from heaven to earth; not that he engrossed men's minds with earthly objects, for none more than he occupied their thoughts with divine, but that he rendered practical what previously had been merely speculative, thus combining rather than separating the earthly and the heavenly; in each case it is chiefly as the one involves the other that either becomes interesting or important.

Hippocrates was born in the Island of Cos, about the 80th Olympiad, or 30 years before the Peloponnesian war, and 450 B. C., or according to some calculations about 30 years earlier, being descended by his father's side from *Æsculapius*, and by his mother's from *Hercules*. As customary in the family of the *Asclepiades*, he studied under his father, but he also received the instructions of *Herodicus*, the founder of the Gymnastic school, and of *Gorgias* his brother. He travelled through various countries, and enjoyed so high a reputation that his assistance was sought by the sovereigns of the states through which he passed. Resisting the invitation of *Artaxerxes*, he established himself in Greece, where he was honourably received by the *Thessalians*, *Argives*, and *Athenians*, received the unusual honour of a public initiation into the *Eleusinian Mysteries*, was constituted a citizen, and entitled to public maintenance in the *Prytanæum*. He liberally and candidly taught his art, administering to his pupils an oath not very dissimilar in its essential characters to that still employed in graduation. He was distinguished by gravity of manners and contempt of wealth. He died far advanced in years at *Larissa*, leaving two sons, *Thessalus* and *Draco*, a son-in-law, *Polybius*, and numerous disciples, as well as many writings; the authenticity of some of those which bear his name is questioned, and perhaps few are wholly free from interpolation. That on the nature of man is considered authentic by *Galen*, and contains the fullest account of his doctrines, particularly on the subject of the elements, which it was the first to introduce into physiology, and which thus laid the foundation of the humoral system.

According to Galen his merits as a philosopher were equal to those as a physician, and from him were derived many of the opinions held by the most eminent, including Plato and Aristotle. He maintained in all his writings a ruling principle entitled *Φύσις*, or nature, a word expressing both the constitution of the universe and also that of individual beings, involving what we understand by instinct, and that which has been variously expressed by vital principle, vital dynamism, by *αρχή*, or *ψυχή*, or *vis naturæ*. By this faculty (*δυναμὶς*) all the functions of the body are performed. Its manner of action is by attracting that which is good or suitable in each kind, retaining, preparing, changing, according to need, rejecting the superfluous or injurious; to which power is to be added a species of affinity, by which the various congenial substances have a tendency to unite and uncongenial to separate, while also a general sympathy is maintained throughout the body, according to the maxim that all things consent and unite in the body in virtue of the animal economy, or as we might now say, the laws of life. The same universal principle he seems sometimes to express by the word *heat*. He supposes that the production of man or his being, his having a soul, being in health or sickness, being fortunate or unfortunate, his birth and his death, depend on things above us, or heavenly things, which he elsewhere explains by that immortal heat which seems to be synonymous with or at least often included under the term of Nature. This principle of heat operates in the formation of the universe; it also operates in the formation of man. The greater part of it, during the existence of Chaos, ascending to the upper parts, formed the ether; another subsiding to the lowest, formed the earth, where also meeting with cold and dryness it acquired a great tendency to motion; a third part, holding the middle position, constituted the air; and a fourth part, next to the earth and the most moist, constituted water. All these parts being mingled together by a circular movement, that portion of heat which remained on earth being variously distributed gave existence to different substances; thus membranes (*χτῶνες*) were formed which contained substances and exposed them to heat: the thickest and least humid, being

easily burned, became bone; that which was adhesive and of a cold nature became *nerves* (by which word are probably meant tendons and ligaments); the veins were made of that which was colder and more adhesive; the adhesion, by the action of heat, being formed into the membrane, the colder part, containing neither oily particles nor adhesiveness, was converted into the fluid which the membranes contain. In a similar manner were formed the bladder and its contents, and the other cavities. In the parts in which the adhesive surpassed the oleaginous, membranes were formed; when the oleaginous surpassed the adhesive, bones were formed. The brain being the appropriate residence of cold and adhesiveness, which the heat could neither dissolve nor burn, membranes were first formed on its superficies, and then bones, by a small portion of oleaginous particles burnt by the heat. In the same way was formed the spinal marrow, being, like the brain, cold and adhesive, and consequently very different from the marrow of the bones, which, being simply oleaginous, is not covered with membranes. The heart, containing most of the adhesive, became a hard and adhesive flesh, surrounded by a membrane and hollow. The heart having heated what was most adhesive in its moisture, converted it into a kind of foam full of tubes, and having many small veins, forming the lungs. The liver was formed of a great portion of the moist and the warm, which having neither the oleaginous nor the adhesive, the cold having surpassed the heat, the moist became coagulated and thickened. We may then discern some similarity between the sentiments of Hippocrates and those of Heraclitus, who traced the origin of all things to fire. If this be taken as a specimen of the mode of philosophising, it will scarcely be doubted that to separate medicine from philosophy was to confer on it a great advantage. It is right to mention that the works from which these doctrines have been taken, though ascribed to Hippocrates, have been by some disputed.

Let us now consider a little the anatomical views of Hippocrates, making all allowance for the want of distinctness arising from his having left no work expressly on the subject, and the doubt attached to the authenticity of some of the works that

pass under his name. The authority we principally follow is that of LeClerc.

The nature of the body, he says, is the principle or foundation on which all reasoning on the subject of medicine ought to rest. This remark does not appear to refer only or even chiefly to its anatomical character, since he elsewhere speaks disparagingly of anatomy in regard to its influence on medicine; it refers rather to the natural powers and functions, which may be learned principally by the practitioner of medicine, as he elsewhere says. That he practised dissection can hardly be doubted, from his being of the family of the Asclepiades; whether he practised human dissection is more doubtful, the introduction of that method having been ascribed to Erasistratus and Herophilus, physicians of a later date. Let us consider his views on some particular parts of the human body.

The veins and arteries—In one place he says, that the veins come from the liver as their source and root, as the heart is of the arteries: *ρίζωσις Φλεβῶν ἡπαρ, ρίζωσις αρτηριῶν καρδιη* (*De alimento*). Elsewhere (*De carnibus*) *δυο εισι κοιλαν Φλεβες απο τῆς καρδιῆς. τῇ μεν ενομα αρτηριη, τῇ δε κοιλη Φλεψ.* Two hollow veins like them rise from the heart, one called an artery, one a hollow vein (*vena cava*) (an instance of the vague use of the word vein, since the artery is called a vein). The artery has more heat than the vein, and is the storehouse or receptacle of the spirits. In addition to these veins there are others throughout the body; the most hollow vein (meaning probably the vein of the largest diameter), that to which the heart is attached, passes through the whole belly and diaphragm, is divided to each of the kidneys and loins, and to the legs; above the heart, at the neck, some go to the right and some to the left; thence to the head, where it is distributed to the temples. Suffice it to say that all the veins are distributed to the body from the hollow vein and the artery; the hollowest (probably those of the largest calibre) being near the heart, neck and head, and in the lower part as far as to the haunches: the heart and the hollow veins (*qu. arteries?*) are in continual motion. An account somewhat differing from this is given in another work included with those of Hippocrates, but the au-

thenticity of which is doubted from its not having been mentioned by Galen or Erotian (*περί οστέων Φυσικῆς*). In so brief a review of the history of medicine we cannot enter on an investigation into the comparative claims of different works, nor give every conflicting view of the subjects treated; a very slight allusion must be sufficient, nor will even such fail to give some general acquaintance with the great outlines of the anatomy of Hippocrates, or at least such as was received as correct about his time.

The heart in form resembles a pyramid, and is of a purple colour; it is encompassed with a smooth tunic in which is a small quantity of fluid; it is thus formed that it may grow to strength in this secure position; it has as much moisture as will suffice to remedy the heat to which it is subject; the heart secretes this liquor, taking up and consuming a portion of the drink from the lungs, for when one drinks the greater part goes to the belly; a portion likewise goes to the pharynx, but only so small a quantity as may be admitted by the rima glottidis. But how is it then that water entering it produces much trouble and coughing? Because it meets the air on expiration, while that which enters by the opening, passing along the walls, does not resist the rising of the air, but on the contrary, the moisture facilitates the passing of the air by smoothing the way. This moisture, then, the heart draws from the lungs along with the air, and when the air has discharged its proper office it returns to the part from which it came, but the heat absorbs a good portion of the fluid into its envelope, &c. &c. The heart is a very strong muscle, not in virtue of a tendon, but of the thickness of the flesh; it has two distinct ventricles, in one enclosure, &c. &c. Both of these ventricles are rough within, and as it were eaten away, especially the left, for the innate heat is not in the right; so that it is wonderful that the left, which inspires the purest air, should be the roughest, &c. The orifices of these ventricles are not open (visible) unless first the heart be detached from the auricles, and the upper part of the heart be cut off, but if this be cut off two openings are discerned in the two ventricles. These are the fountains of human nature, and hence the streams which flow through the body, with which

the whole is moistened; and these bring life to man, and if they be dried up he dies, &c. &c.

"The veins diffused through the body convey the spirit, the fluid, and motion, and these all take their origin from one vein, but what that is I cannot certainly determine, for, being in a circle, no beginning can be pointed out," &c. (*De ossium naturâ*). Elsewhere (*De locis in homine*), "It seems to me that no part of the body can be called the beginning, but that every part is equally the beginning and the end, for of a circle no beginning can be pointed out: nourishment comes from the parts within to the external parts, and from the parts without the external surface to the parts within. All the veins communicate and flow into each other, some directly, some by means of little veins extending from one trunk or large vein to another of those which afford nourishment to the flesh." These passages seem to indicate a form of circulation through the bloodvessels, but they do not imply the transmission of the blood from the heart through the arteries, and to the heart through the veins, which is the essence of the discovery of Harvey.

The brain is similar in nature to a gland: it carries off the superfluous moisture of the head through the various apertures, eyes, nose, ears, fauces, throat, spinal marrow, blood, which if retained occasions death. It is invested with two membranes, one thick and another thin. (*De locis.*) It is the seat of understanding and prudence. (*De morbo sacro.*)

Of the nerves very little is said in the writings of Hippocrates, nor in these early writings do the nerves, tendons and ligaments appear to be always discriminated. The true nerves seem described in the following passage: "The origin of the nerves is from behind the head, by the side of the spine, to the haunches; thence come the nerves, which supply the pudenda, the thighs, the feet, the legs, the hands and arms. One part enters the flesh and another goes to the great toe, and others from the fleshy parts to the other toes, others to the shoulder blades," &c. (*De ossium naturâ*). But either the term νεῦρον is used indiscriminately, or else the author of this treatise had

very incorrect ideas concerning the use of the true nerves, for in the same work it is said that the nerves give flexion, contraction and extension.

Nor is much special allusion made to the muscles. "Those parts which have the flesh rounded, which are called muscles, have all a belly or cavity, for all that which does not adhere (*ασυμφυτον*), whether covered by a pellicle or covered by flesh, is hollow, and while sound is full of spirit, but when diseased is filled with water or corrupted blood," &c. &c.

The liver is more abundantly supplied with blood than the other viscera. In it there are found two eminences called portæ; it has five lobes or divisions. Many vessels pass from the heart to the liver, and with them the great vein by which all the body is nourished, elsewhere called the vein of the liver. To the liver belongs the office of separating the bile by means of its own peculiar veins; it also serves to heat the stomach. The spleen receives a vein divided into numerous filaments, like spiders' webs full of blood, and diffused through its whole substance; it is attached to the membrane to which it furnishes blood by many veins; it is fibrous, soft, and spongy, and attracts from the stomach part of the moisture derived from the drink, the rest being attracted to the bladder. The lungs have five lobes; they are concave, thin, and porous, and therefore attract moisture from the neighbouring parts. The membrane separating the chest from the abdomen, now called the diaphragm, was formerly called *Φρενες*, being supposed to be the seat of the understanding or prudence, a doctrine controverted as early as the time of Hippocrates, or at least of the author of the work *De morbo sacro*, ascribed to him, who says: "The part named *Φρενες* has been so called by chance, derived from a mere opinion without foundation, for I see not in what this contributes to prudence or understanding; all that it does is, if any one be suddenly surprised with great joy or sorrow, it starts, and thus causes some kind of uneasiness, because it is finer and more tense than any other part of the body. This part feels, but it is not the seat of wisdom any more than the heart, and the name, therefore, is as inappropriate to it as that of auricle to the

appendage of the heart which hears not. It is elsewhere said to cause delirium and madness when the blood remains there or moves too slowly.

The kidneys draw from the veins near which they are placed a part of the moisture which comes from the drink, and this moisture filtrating in the substance of the kidneys descends into the bladder by the veins leading to it (ureters), while the rest of the drink passes immediately from the intestines to the bladder.

There are found on each side of the bladder little cells in which the semen is deposited. The semen comes from all parts of the body, particularly the head, descending by the veins near the ears to the spinal marrow, and thence to the kidneys. (Observe an accordance with the phrenological position of the organ of Amativeness.) The semen of the male and that of the female being mixed in the womb become thickened and heated, or spiritualized, and the spirit contained within them tends outwards and attracts a portion of the air breathed by the mother, &c. &c. Elsewhere, the form is nourished by the mouth by suction; hence the excrement in the bowels of newborn children, &c. &c. The child having attained its full size, that which it derives from its mother is not sufficient for its support, it moves with violence, and, breaking the membranes, escapes. A child born at seven months may survive for a long time; one born at eight months, if it die not at the birth, will not long survive: because at seven months the child having its full strength, by vigorous movement ruptures the membranes and is born, and by careful management its life may be prolonged, but the efforts made leave it weak and languishing for forty days; if therefore it be born in that interval, it is less likely to be reared; but if it remain the full time it recovers its strength subsequent to the forty days. Perhaps also Hippocrates was more hopeful of the seventh month from the peculiar virtue he attached to that number. There is a saying of Lord Bacon, that a seven months' birth shewed the strength of the child, an eight months' birth the weakness of the mother.

Such are a few points of interest in the anatomical doctrines

of Hippocrates—to be received with the qualifications mentioned in the outset.

We may now take a cursory view of his physiology, pathology, and therapeutics. The three great principles of animal bodies are expressed by the solid, the fluid, and the spirits: elsewhere by the containing, the contained, and that which gives movement, the containing being the solid, the bones, the tendons, &c.; the contained being the humours, viz., the blood, the pituita or phlegm, the yellow bile, the black bile; that which gives movement being the spirits, of an aerial nature and diffused universally through the body. Of these the humours seem to have been regarded as the most essential. The blood is naturally warm and moist, red and sweet; the pituita cold and moist, white, adhesive, and slightly salt; the yellow bile, yellow, dry, adhesive, bitter; the black bile, black, cold, dry, very adhesive, flatulent and prone to ferment. Of these substances the body is composed, and by them is its state of health or sickness regulated. In health they are in a natural state, and in just proportion in respect to quantity, quality and mixture; disease is occasioned by the want of any of these conditions. The office of the blood is to nourish the parts and to supply animal heat; the yellow bile keeps the body in its natural state, preventing the small vessels and the excretory ducts from being stopped up; it quickens the senses, and aids in the digestion of the food; the black bile serves as a supply to the other humours; the pituita is of use to the nerves, cartilages, membranes, joints, &c., to render them supple and to facilitate motion.

The external causes of disease he considered to be whatever could influence the state of the body or produce variety in the course of life. These will include the air, diet, sleep, exercise, excretions, secretions; the passions, external injuries, poisons and venomous animals. Between the external and internal conditions of man there is a species of relation: thus, the four seasons of the year, the four ages of man, and varieties of climate, correspond to the four humours. Thus infancy, spring and temperate climates produce blood, and consequently a greater number of diseases dependent on blood, than on the

other humours; youth, summer, warm and dry climates produce bile and its appropriate diseases; manhood, autumn, and a heavy unequal climate produce black bile and its diseases, the melancholic; old age, winter, cold and moist climates, pituita and its diseases. In the same relation he investigates diet and regimen, the air, the rising and setting of certain stars and constellations, the solstices and equinoxes, and he indicates a degree of superiority to the superstition of his day by denying any *special* divine interposition in particular diseases, all of which he regarded as equally under the influence of natural causes, and all under divine administration, and in consequence he rejected the practice of superstitious rites and ceremonies in treatment. He treats also of the influence of successive seasons on disease, as a rainy spring preceded by a moist winter or followed by a hot summer, &c.

He observed the general distinction among diseases of acute and chronic, the former caused by the bile and the blood, occurring in the prime of life, in spring and summer; the chronic caused by the pituita, the black bile, occurring in old age and during winter. He noticed the sporadic, endemic and epidemic character of certain diseases; also the hereditary and accidental; the benign, such as are easily cured, the malignant, such as are cured with difficulty or not at all. The course of a disease he divided into four stages—the commencement, the progress, the acme, and the decline, when the issue is favourable. The third stage is that which determines as it were the fate of the patient, and hence the change which then frequently takes place he calls the crisis or judgment, which having been supposed to observe particular days, these days were called *critical*. The crisis is affected by the restoration of the humours to their natural state, which occasions a rejection of the superfluous by some of the usual means of evacuation. But such crisis is favourable only when the discharge is considerable, a smaller amount often indicating merely the weakness of nature in its struggle against the disease; they are occasioned by a coction or digestion of the humours somewhat analogous to the ripening of fruits, and occurring at special intervals, as the 4th, 7th, 11th, 14th, 21st, 40th, and even 60th day, after which, if

the crisis occur not, the disease is called chronic. In the diseases which extend to the 14th or at most the 21st day, a crisis is expected every 4th day; to those extending from the 20th to the 40th day, every 7th, after the 40th every 20th. After the disease shall have continued to the 120th day, no further account is made except the general consideration of the seasons, as that some terminate towards the equinox and some towards the solstices, or at the rising and setting of certain stars, &c. &c. Hippocrates also speaks of the termination of some diseases by metastasis, as cancer of the breast into cancer of the womb, &c. However we may feel compelled to question the universality of these critical days, we cannot but acknowledge that a very high degree of extensive and accurate observation is implied in his having formed so large an induction as would satisfy even himself of the existence of such a law; and indeed of all the essential qualities of a wise and skilful physician, none appear to have so eminently distinguished him as the faculty of minute observation of the most trivial circumstances, by which he acquired singular skill in prognosis. His general description of the appearance of the face is so well known as to be designated by his name; to this he added the consideration of the posture of the patient, any deviation from his usual habits, as when a patient naturally taciturn becomes loquacious, &c., or *vice versâ* (which he held to announce a speedy delirium); he examined all discharges from the body, not forgetting the tears, the cerumen, the mucus from the nose, the expectoration, the perspiration, whether general or partial, the tongue, the pulse. It would be difficult to point out any field of examination which he omitted, though possibly the advance of science may have introduced additional methods of investigation. He does not appear to have left any form of nosological system.

His principles of regimen can hardly be improved: he forbids excess in food, indolence either in regard to exercise or occupation; those in health he advises to avoid too great simplicity in diet, which might render them morbidly susceptible to accidental changes; at the same time he examines with accuracy the different kinds of food then in use: he recommends wine

mingled with water; exercise, under suitable regulations, both to the sound and the diseased; baths; lavements; suppositories; emetics, regulation of the passions. By such means alone, regulated with the minutest accuracy, he often aimed at effecting a cure, but when these proved insufficient he had recourse to measures more strictly medicinal, as bleeding, purging, emetics, diuretics, sudorifics, sternutatories, fomentations, medicated baths, the *douche*, fumigations, gargles, ointments, collyria, poultices, pessaries, and perhaps every form of medicine, and in greater variety than are now generally employed, and we may add, with a greater degree of discrimination and a more direct reference to their specific effects, and consequently a more special appropriateness to the disease immediately under treatment. To which may be added that his prescriptions were eminently simple, including only two or three different articles, and that he either prepared his medicines himself or caused them to be prepared under his own direction. His principle of treatment is most generally expressed by the words *contraria contrariis curantur*, but he expressly mentions several instances in which the exactly opposite rule applies. In this respect, therefore, his deficiency consists in the want of a law essentially applicable to every case, and uniting those apparently inconsistent.

In his time the medical profession was not as now divided into three several departments: accordingly Hippocrates practised pharmacy, medicine, and surgery, except lithotomy, an operation which, for reasons not well known, seems to have belonged to a special order of men, and to have been regarded as foreign from the province of the "legitimate" faculty. Nor did he forget the great principles of medical ethics, of which the following sentence may be taken as a specimen.—"The healing art is the most noble of all arts, but the ignorance of those who practise it makes it to be regarded as the least worthy. There are many physicians in name, few in reality. To acquire a high degree of medical knowledge, it is necessary that we should possess a natural inclination to it, the means of instruction, study and application from childhood, a docile spirit, diligence, and a long time. A physician ought not to

be ashamed of receiving information from the meanest person on the remedies that may have been given with success. The most skilful physicians are sometimes deceived; we ought never positively to assert that such or such a remedy will cure. A physician ought to visit his patients frequently, and to pay very strict attention. He should be clean in his dress, grave in his manners, moderate in all his actions, chaste, and reserved; he should be neither envious nor unjust, nor fond of dishonourable gain; affable, but not a great talker; modest, sober, patient, pious without superstition; prudent, diligent; not ashamed to solicit the assistance of other physicians; and he should have the knowledge of the Divinity deeply impressed on his mind. In the question of remuneration he should consider the means of his patients, in some cases refusing any, as when he treats a stranger or the poor." To these ethical observations it would be difficult to add anything of real value; we apprehend that the many volumes devoted to the subject will be found to depend rather on the multiplication of words than on the addition of important matter.

His son-in-law, Polybius, appears to have held a more prominent position than either of his sons, and is supposed to be the author of some works which pass under the name of Hippocrates, and, in conjunction with his son Thessalus, may be regarded more truly as the founder of the school called Hippocratic, or dogmatic, than was Hippocrates himself, as that school adopted metaphysical principles to a greater extent than he, and gave more license to speculative inquiry. This modification may be considered due in a great degree to the philosophy of Plato, which became prevalent about the time of the immediate successors of Hippocrates.

About thirty years after Hippocrates, was born Plato, who, like most of the philosophers, turned his attention to the subject of medicine, and though he may not be regarded in the light of a physician, the high place which he holds as a philosopher entitles his theoretical views to respectful consideration. He supposed all bodies to consist of four elements: fire, air, earth, and water. He conceived that the formation of the

human body began with the spinal marrow, which then became covered with bones, and the bones with flesh; that the bonds which unite the soul and body are in the spinal marrow, and that the seat of the reasonable soul is in the brain, which is a continuation of the spinal marrow, and is as a chamber prepared for the reception of this divine seed. That part of the soul on which depend generosity, anger, and courage, he placed near the head, between the diaphragm and the neck, *i. e.* in the chest or heart agreeably to Pythagoras, and he taught that the lungs were made to surround the heart in order to refresh it, and to calm the violent movements of that department of the soul which therein had its residence, by the freshness derived partly from the air respired, and partly from a portion of the drink which descended to the lungs. Another department of the soul, the seat of the appetites and desires, is placed between the diaphragm and the navel; it occupies the lowest part, and that most removed from the head, that it may not interfere with the reasonable soul in its more exalted operations. The agitations of this inferior soul are occasioned by spectres or phantoms presented to it by the liver, which has been made polished in order to reflect the images it receives which are communicated by the spirits, and which produce trouble or pleasure according to the preponderance of bile or of mild juices opposed to bile.

The heart, besides being the origin of the veins and of the blood which is carried about to all parts, is also established as a satellite, that when anger is excited by the command of reason on account of any injustice either from without or from within by desires and passions, all that is sensible in the body should dispose itself by the opening of all the pores to listen to its threats and obey its commands.

His theory of respiration was, that the air issuing from the lungs by the mouth in expiration meeting that which surrounds the body externally, pushes it so as to make it enter the body by the pores of the skin and flesh; this air insinuating itself into the inmost parts of the body replaces that which the first has left when the same process is repeated. Into the composition of the flesh enter water, fire, earth, and a species of sour and salt leaven.

The causes of destruction are diseases, old age, and death. The bodies by which we are surrounded dissolve and break down our frames continually, and each particle exhaled returns to its original principle. The blood is a fluid derived from the food, nourishing the body, and filling the vacancies: in youth this is more than sufficient to supply the waste, and hence arises growth; but in advanced age the supply is less than the waste, and hence diminution: the principles of the body in youth are stronger than those of which the aliment is composed, and easily reduce them to their substance; but in advanced age they become weaker, and hence are dissolved by them; when this is the case in the spinal marrow, the bonds which held the soul being dissolved, it escapes, and thus occasions death. Premature diseases and deaths are to be ascribed to disorders in the principles themselves, consisting in a want of right proportion in their mixture, or in their not observing their appropriate relative place. Thus, when the fire is in excess we have inflammatory fevers; when the air, quotidian intermittents; when the water, tertian; when the earth, quartan; the earth being heavier than the other elements requires four times the length of time occupied by the fire to change its position; and proportionally of the rest.

When the bile directs itself externally and fixes on the skin, it causes various kinds of tumours, accompanied by inflammation called phlegmons; when kept within it causes burning diseases; it is principally injurious when being mixed with the blood it corrupts the fibres (certain filaments diffused through the blood) and penetrates to the spinal marrow, where it breaks the bonds that retain the soul, unless the other parts of the body in dissolving deprive the bile of the force which it possesses, when it finds egress from the body through the stomach or bowels, causing diarrhoea, dysentery, &c., which are to be considered as salutary efforts of nature.

The phlegm when mild and insipid forms swellings and some impurities of the skin; when mixed with vesicles of air it occasions a species of dropsy, called white phlegm (*leucophlegmasia*); mixed with black bile and reaching the brain, epilepsy. Catarrh is occasioned by acrid or saline phlegm.

The womb is described as a living being, which being endowed with a desire to conceive, if this desire be not gratified, it becomes irritated, traverses the various parts of the body, stops the pores, checks respiration, and causes great inquietude (hysteria).

Plato agreed with Hippocrates in believing that diseases have a certain natural period of duration, as there is a natural period for the duration of life, unless interrupted by accidental circumstances; and hence that it is better to aim at rendering the course of the disease mild by suitable diet, than at cutting it short by medicine, especially purgatives, which should be employed only in great extremity, otherwise we render a slight disease severe, and a simple disease complicated.

The views of Plato in general accorded with those of Hippocrates, for whom he testified great respect. In one opinion he differed, for whereas Hippocrates maintained that a physician should be in reality and in appearance a healthy person, Plato thought that he should have lived among the sick from his infancy, and should have passed through many diseases, and be of an infirm constitution, in order the more accurately to understand and sympathise with his patient.

It is interesting to observe that the views of these two great men seem to be met by the instructions of Hahnemann, who taught the physicians to become acquainted with the sensations of disease by personal experiments with the medicines, while this very process aided by a well regulated diet tended to establish a really sound state of health.

Cotemporary with Plato was Dionysius the elder, tyrant of Syracuse, who is said to have practised both medicine and surgery. Nicomachus, the father of Aristotle, was physician to Amyntas, father of Philip of Macedon; cotemporary with whom was Menecrates, whose reason appears to have been sacrificed to his vanity. It is said that before undertaking a case he required that the patient on recovery should attend him wherever he went, decorated with the insignia of a deity, while he himself in purple robe and crown of gold should personate Jupiter. Thus he wrote to Philip of Macedon: "Menecrates Jupiter to Philip, greeting: Thou reignest in Macedonia, and I in medicine;

thou givest death to those who are in health ; I restore life to the sick ; thy guard is composed of Macedonians ; the gods themselves constitute mine." In order to treat him with all the honour due to divinity, Philip invited him to a feast, where he was placed at an altar and regaled with perfumes and libations, while the merely mortal guests enjoyed the more substantial pleasures of an earthly banquet.

The works which Aristotle is said to have written on medicine have not been preserved. The great facilities afforded him by Alexander for the study of natural history and comparative anatomy might have led to greater accuracy than he seems to have attained : for some of his statements it is difficult to account, as when he asserts that the necks of all animals are flexible, except those of wolves and lions, whose necks are formed of a single bone, and that the bones of lions have no marrow.

He regarded the heart as the principle and source of the veins and the blood. The blood passes from the heart into the veins, but none comes from any place to the heart. Two veins come from the heart, the largest from the right side, the smallest from the left, called the aorta, and these two distribute the blood to all parts of the body. In the heart are three cavities or ventricles ; that in the middle though the smallest is the common origin of all the rest, and the blood it contains is the most temperate and pure ; that of the right ventricle is the warmest ; that of the left the coldest ; all these communicate with the lungs by means of vessels different from the great veins already mentioned, which are distributed all through the substance of the lungs. Not only the veins or blood vessels but also the nerves take their origin from the heart. The aorta itself partakes of the character of a nerve, and in its extremities resembles a true nerve, having no cavity and being extended in the same manner as a nerve in the parts where it terminates. The common principle of movement and feeling is in the heart, which is also the source of nourishment by means of the blood, and in the form of natural heat, the source of the passions, of the sensations, and the seat of the soul. To the brain a far less important place in the animal economy is assigned, being merely a mass composed of earth and water, without blood or sensation, of

quite a different nature from the spinal marrow, and apparently having no very definite or important office at all, unless it be to refresh or temper the heat of the heart, an expression which if understood metaphorically is not far from the truth. What more important function has the intellect than the regulation of the passions?

The chief use of the liver, the spleen and the kidneys, is to support the veins and fasten them in their place, but the liver also aids digestion by giving heat to the stomach and bowels; the spleen is necessary to turn aside, collect and mature the the moist vapours that rise from the belly; the kidneys imbibe a part of the excrement from the bladder when it is excessive. Conception is effected by the union of the semen of the male with the menstrual fluid in the womb, but there is no semen proper to the female.

Respiration is effected by the heart swelling from excess of heat, and obliging the lungs and the chest to dilate and then to receive the air which is insinuated into the heart, and cools that organ, carrying with it on its return the thick and hot vapours which exhale from it. The sole office of the diaphragm is to separate the chest from the belly, in order that the chest, which is the seat of the soul, may not be infected by vapours arising from the belly, a doctrine also capable of an excellent *metaphorical* explanation.

Among the physicians cotemporary with Aristotle was Philip the Acarnanian physician to Alexander, the story of whose fidelity is interesting to the observer of human nature in general, and his method of treatment especially so to the physician. Alexander, heated and weary, could not resist the temptation to bathe in the cool waters of the Cydnus: he was seized with sudden shivering, paleness, and almost total insensibility. On recovering from his first attack he enquired what aid could be afforded by medicine, but with characteristic impatience sought speedy death rather than tardy cure. His friends entreated him to submit more implicitly to the physicians, and especially to trust to the ordinary methods of treatment, rather than to any less familiarly known, but which might promise more speedy relief; and they were the more urgent because Darius was said

to have offered 1000 darics to the person who should effect the death of Alexander. Philip the Acarnanian, the companion of his youth and the guardian of his health, proposed a remedy not hasty indeed but powerful, and not to be taken till the third day. The proposal pleased none but the patient, who only regretted the delay. Meanwhile he received letters from Parmenio accusing Philip of treachery. He nevertheless determined to confide in his friend, and sealing the letter reserved it till the period should arrive for taking the medicine, resolved that it was better to die by the wickedness of another than by his own fear. At the time appointed he simultaneously placed the letter in Philip's hand, and drank the potion; ordering him to read the letter, and, watching his countenance, he was convinced of his integrity. But the immediate effect of the medicine was such as to confirm the suspicion of treachery. The royal patient fainted, circulation seemed to be arrested, and all the art of Philip was engaged to restore him,—by fomentations, by the odour of meat and wine, by cheering and inspiriting conversation when capable of being thus addressed. By these means were regained his mental and bodily vigour, and after three days he was able to appear before his army. It is obvious to remark the specific and homœopathic character of the medicine employed, and the probably unnecessary severity of its action.

The reputation of Diocles was so great that he was called a second Hippocrates. He was reckoned an excellent physician and a humane man, exercising his skill from benevolence when there was no prospect of remuneration. He was also distinguished by the modesty inseparable from true wisdom forbidding the attempt to explain everything, or to withhold confidence from that which experience has sanctioned because we may be ignorant of the mode of its operation. He addressed a letter to Antigonus, one of the successors of Alexander, on the preservation of health; making it to consist in foreseeing maladies by certain signs, and averting them by certain remedies. He divides the body into four parts—the head, the chest, the belly and the bladder: to remedy the diseases of the head he recommends frictions and gargles; for the chest, emetics; for the belly, a free condition preserved not by medicine but by diet;

for the bladder, diuretics. He wrote a book on diseases, their causes and cures, quoted by Galen, in which he seems clearly to describe dyspepsia. He also wrote on the diseases of women, and on plants. He gave instructions on the method to be pursued in dissections. In practice he resembled Hippocrates, bleeding and purging according to rule, and minutely observing periods, particularly the number *seven*, in days, weeks, months and years. In ileus he made the patient swallow a *ball of lead*, probably hoping to effect a cure by its mechanical pressure, but unwittingly adopting a homœopathic remedy. He was also the inventor of some surgical instruments.

About the same time lived Praxagoras of Cos, the last of the family of the Asclepiades: he enjoyed a great reputation as an anatomist, apparently without much claim to it. His sentiments were similar to those of Aristotle in a great degree: he made great distinctions among the humours, on the disposition of which depended diseases. In practice he greatly advocated emetics, which in ileus he carried so far as to promote the vomiting of excrements, (s. s. c.) His theory of fever was, that it has its seat in the trunk of the vena cava between the liver and the kidneys.

Of Chrysippus, the physician of Cnidos, we know little more than that he forbade the practice of bleeding and purging, though sanctioned as we have seen from the earliest period. Of his disciples perhaps the most eminent is Erasistratus, to whom Galen ascribes the restoration of the science of anatomy after it had fallen into neglect. He is said to have been among the first to dissect human bodies, and indeed to have anatomised some living animals consigned to him by Ptolemy Soter (to whom fell the government of Egypt after the death of Alexander, and who devoted much attention to the advancement of learning, and founded the famous library and academy of Alexandria) and Ptolemy Philadelphus his son.

Erasistratus appears to have been the first to discover the true functions of the nerves. Rufus the Ephesian says that he recognised two kinds of nerves, one for sensation and the other for motion; that the first are hollow and derived from the membranes of the brain, and the others from the brain itself and

cerebellum; but Galen says that subsequently he traced all the nerves to the brain. He gives an account of the ventricles and convolutions of the brain and cerebellum, and seems to associate the superiority of the human understanding with the multiplicity and variety of these convolutions (phrenology). From the brain also he traced the nerves of the organs of sense, "so that to speak in one word, the brain is the origin of all that is done in the body." He also describes the valves of the heart under the name of membranes; and speaking of the pulmonary artery or vein, and of the aorta, he says that they are each adapted to convey *from* the heart, one to carry blood to the lungs, the other to carry spirit throughout the body. The membranes or valves alternately render services to the heart of an opposite character. Those which are attached to vessels which *introduce* matters look from without inwards that they may sink when pressed by the impetuosity of the matter conveyed and may open to admit them, for we must not believe that they enter themselves as into an inanimate receptacle, but the heart by its diastole attracts them as a bellows attracts air. The membranes of the vessels which carry *out* matters look from within outwards, so that being easily laid down by the substances in their exit they open the orifices while the heart furnishes or carries forward the matters; while on the other hand they close the same orifices, and allow nothing to return that has once escaped. Yet notwithstanding this accurate description of the purposes of the valves he strangely maintained the doctrine that the left ventricle and arteries contained nothing but air or spirit, and that in the face of his own observations, for he explains the presence of blood in that ventricle by supposing that at the instant of dissection the spirit evaporates and the blood rushes in to supply its place. Into this error he was probably led by his being unable to assign a sufficient use for two sets of vessels in order to convey the same fluid, not having reached the doctrine of the circulation, though he came so near to it.

His theory of fever and inflammation was founded on his views of the arteries and veins. The vena cava is the reservoir of the blood, the aorta of the spirit or air. These reservoirs being constantly subdivided continually increase in number and

diminish in size, and before the branches reach the surface they become so minute that the blood cannot escape. In this manner, while the blood remains in its own place without passing into the arteries though so near, the body retains its natural healthy state. But when this economy is troubled by any violent cause and the blood enters the arteries, disease ensues; the most fruitful cause of disease is superfluity of blood, by which the tunics of the veins being dilated, the blood is allowed to escape into the arteries, and opposes the course of the spirit or air: if the opposition be direct, or if the blood stop near a principal part, fever is occasioned; if the spirit repel it so that it pass not the entrance of the artery, local inflammation ensues. The inflammation and fever connected with wounds are caused by the sudden evacuation of the spirit consequent on the incision of the artery causing the blood immediately to take its place, to prevent a vacuum.

The purpose of respiration is to fill the arteries with air, and is thus performed. The chest expanding, the lungs also expand to become filled with air, which passes to the extremities of the *arteria aspera*, and thence into the extremities of the arteries of the lungs, whence the dilation of the heart attracts it to convey it to all parts of the body by the aorta. Digestion is effected by the contraction of the stomach upon the food. Hunger is occasioned by vacuity in the stomach and intestines, and hence long abstinence may be maintained by closely binding the stomach. The kidneys secrete the urine.

In practice Erasistratus appears to have followed the precepts of his master Chrysippus, avoiding bleeding in general, though he is said by some of his disciples to have occasionally though rarely adopted that practice, perhaps to avoid the odium which might fall upon themselves were they absolutely to renounce a method sanctioned by such general adoption. The difficulty and uncertainty of that mode of cure seems to have been his ground of objection rather than any theoretical principle. He was equally sparing of purgatives, though he occasionally used mild injections. The end kept in view in bleeding and purging he considered to be depletion, which might be accomplished by other less objectionable means, especially fasting or very

light diet, emetics, exercise, sweating by means of the bath, whereas the humours voided by the aid of purgatives are not simply the abstraction of superfluous fluids previously existing (which would be the true theory of depletion) but are formed in great part by the medicine itself. He was much opposed to heterogeneous and complicated prescriptions, as well as to much theoretical speculation on the cause of disease. He does not forbid investigation of the cause, but he does not consider the knowledge of such cause a sufficient indication of the remedy: though these remote speculations might be indulged as a matter of curiosity, yet the sensible causes (symptoms?) only could afford an indication of the cure. Though a bold surgeon, he disapproved of paracentesis in dropsy, lest the liver being swelled and indurated should suffer from the pressure of the surrounding parts when the fluid was removed. He was the author of several works on various diseases, as well as anatomy, and one against the physicians of Cos, including Hippocrates, whom he generally opposed; though possibly the real object of his opposition was rather the Hippocratic school than Hippocrates himself. He had many followers who regarded him with great veneration, and continued his school at least till the time of Galen.

In some degree allied with him was Herophilus, who lived under Ptolemy Soter. He was cotemporary with the sophist Diodorus, who denied the existence of motion on the ground that if a body move it must be in the space where it is or in the space where it is not; now it moves not where it is for there it remains, and it moves not where it is not, for where it is not it cannot act or suffer at all. The philosopher having dislocated his arm applied to Herophilus, who met him by his own reasoning—"Either your arm," said he, "is dislocated in the place where it is or where it is not; but according to your principles it cannot have been dislocated in either." The philosopher entreated him to leave off dialectics and practise surgery.

Herophilus is said to have dissected living human subjects: according to Tertullian a great number and with little advantage, for death bringing a great change to all the parts they are not the same as in life, especially when death is occasioned by

torments—a hint worthy the attention of modern physiologists. He is much commended by Galen for his anatomical knowledge. He paid great attention to the anatomy of the nerves, but does not appear to have been perfectly free from the error of confounding the nerves with the tendons or ligaments, inasmuch as he divided the nerves into three classes: 1. Those of sensation and voluntary motion, which are derived partly from the brain, partly from the spinal marrow: the 2nd come from the bones and terminate in the bones: the 3rd come from the muscles and terminate in the muscles. He gave names to some parts of the body which are still retained, as the duodenum, the retina, and some others, and seems to have noticed the lacteals. He paid very minute attention to the pulse, and to the study of botany, or the *materia medica*, observing that the plants which we constantly tread under foot are possessed of powerful properties which were either useless or divine, according to the skill with which they are employed.

About the same period lived Theophrastus, who though not a practising physician, wrote much concerning plants and certain forms of disease, treating of their causes rather than their cures. Also Menon, who wrote an account of the medical theories taught before his time, which is unfortunately lost. He speaks of a disease which he ascribes to the liver, which led the patient to chase rats; a malady not yet wholly obsolete if we may judge from the records of our sporting chronicles.

About the time of Erasistratus and Herophilus the practice of medicine came to be divided into three branches: the dietetic, the pharmaceutic, and the surgical. The first corresponding to physicians of the present day, and employing diet and internal remedies: the 2nd, principally external remedies: and the 3rd, the manual treatment of outward disorders when external applications had failed. Formerly as now there was danger of error or imposition in the *pharmacopolæ* or sellers of drugs, and hence Pliny censures those physicians who take their medicines in trust instead of preparing them themselves. The various distinctions were not very rigidly observed.

Wearied with the unsatisfactory speculations of philosophers and physicians, there arose in the third century B. C. a sect

which professedly renounced them and allowed no weight to anything but experience. Of this school the most conspicuous was Serapion of Alexandria, though a similar practice is ascribed by some to Philinus, and by others to Acron of Agrigentum. The principle, indeed, must have been acknowledged in the earliest periods when experience was the only guide, but it does not appear to have been made the distinguishing doctrine of a particular school till after the introduction of philosophical and theoretical speculations. This school maintained that experience might be obtained in three ways: 1st, from chance, as when a violent headache has been relieved by an accidental opening of a vein about the head, or from the operations of unassisted nature, as when relief has been obtained from a spontaneous bleeding at the nose, diarrhoea, &c.: 2nd, from experiments instituted by design, as when a person bitten by a serpent applies to the wound the first herb that he finds: 3rd, from imitation of the results of chance, nature, or experiment. When this last method has been repeated with sufficient frequency it constitutes the art of medicine. Observation, or the actual experience of each individual, history or the result of many observations reduced to writing, and the *transitus a similibus*, or the treatment of a new disease of which we have no experience, by imitating the treatment of those which most closely resemble it, either in its nature or locality, or the adoption of a medicine most closely resembling one which we have found useful when that one is not at hand: these three sources of information constituted what by the empirics was called the tripod of medicine: the second source or history being their great repertory; but in consulting it they did not confine themselves to the similarity of individual symptoms, but regulated their practice by the aggregate (*συνδρομη*), which name, further, they gave not to a mere combination of symptoms but to such an assemblage as they had observed after a wide induction to be similarly associated in their commencement, progress and decline, which aggregate of symptoms they distinguished by a common name, according to the part most affected, as pleurisy, peripneumonia, &c., or the prominent symptom, as fever, inflammation, &c., or a supposed resemblance to a natural object,

as elephantiasis. So that the empirics did not alter the names of diseases in common use, nor did they distinguish them by any other means: the difference between them and the dogmatists consisted in this, that while the former were content to know all the symptoms of the disease, as described above, and busied themselves with nothing further except the remedies, the latter sought for the *cause* of these symptoms, a labour which to the empirics appeared either unnecessary or hopeless.

The different views of these schools are so practically important and exert such an influence on medical practice, even at the present day, that they deserve a more particular consideration. We shall, therefore, give a summary of the arguments on each side as contained in Celsus.

The dogmatists maintained that it was necessary to know the hidden causes of disease as well as the manifest; the natural actions and functions of the human body, and therefore the internal parts. It is impossible, said they, to cure a disease unless we know whence it arises, for it is unreasonable to suppose that the treatment should be the same whatever be the cause, whether excess or defect in one of the four elements, as some philosophers have thought, or wholly from the humours, as Herophilus, or from the spirits, as Hippocrates, or from the transfusion of the blood, as Erasistratus, or from small bodies stopping the invisible passages, as Asclepiades. They do not deny the necessity of experience, but they maintain that it cannot be obtained without reasoning: for it is not likely that those who first engaged in the practice of medicine recommended the first thing that occurred to their imagination, but rather that experience confirmed the justice of the results arrived at after long-continued reflection. New forms of disease also present themselves, for the treatment of which we have no experience to guide us: if therefore we make no enquiry into their origin our selection of remedies will be merely the result of hazard: with respect to natural functions, it is necessary to know why and how we receive the air into our lungs, and why some escapes after having entered: why we take nourishment, how the food is prepared (digested) and distributed through the body: why the arteries pulsate: what are the causes of watch-

fulness and sleep. For example: whether the food is pounded in the stomach, as Erasistratus taught; or corrupted, as Plistonius; or digested by a particular heat, as Hippocrates; or whether all articles of food are distributed in their crude state to the various parts of the body, according to Asclepiades; for according to our views on these points must we select food that is easily bruised, or corrupted, or digested, or the least liable to change its nature? And since the most serious diseases take their origin from the interior of the body, it is necessary to become acquainted with those parts, and without an examination into their natural state we can never know their morbid state; and therefore, Erasistratus and Herophilus did well to sacrifice a small number of animals to the interest of a great number of innocent persons.

On the other hand, the empirics replied that they professed to know only the manifest causes of disease, all questions concerning the hidden causes and natural functions being superfluous, since nature is itself incomprehensible, a truth evinced by the conflicting sentiments of those who had engaged in such disputes, all of whom had, nevertheless, effected cures; that the means employed by physicians were different in different parts of the world, one remedy being found necessary at Rome, another in Egypt, a third among the Gauls, which could not be if the causes of disease were the same in all. That even when the causes are manifest, as in wounds, it does not follow that the cure is equally manifest. If then the knowledge of evident causes do not suggest the necessary remedy, why should the knowledge of such as are hidden? And that these difficult questions have no very close bearing on practice appears from the success of physicians of every school, which arises from their following in practice the dictates of experience rather than the knowledge of hidden causes. Neither did medicine owe its origin to such enquiries, but to minute observation. Some patients in the early part of their illness took nourishment because their appetite was not affected; others, having disinclination to food, took none, and these recovered most rapidly: hence was inferred the propriety of abstinence. The use of a medicine took its rise from experience, sometimes from the

benefit conferred by it, sometimes from the detriment occasioned, nor was it till after remedies had been in this manner discovered that men set themselves to speculate on the mode of their operation. They denied that new diseases of necessity required new remedies, the best method being to try those which had been found useful in cases as nearly similar as possible. They were very far from supposing that a physician could dispense with reasoning, but they held that this effort of mind should be devoted to the *cure* rather than the *cause* of the disease; that it is not necessary to know *how* the food is digested in order to know what kind of food is the most easily digested. Instead of enquiring *how* or *why* we breathe, they thought it well to seek remedies for cough and dyspnoea. Neither could they justify the cruelty of the Dogmatists in making medicine, whose legitimate office is the promotion of the well-being of mankind, an instrument for their destruction. And *that* without any satisfactory result: for it is highly improbable that parts thus violently exposed should present the appearance which they have when undisturbed, since fear and pain, abstinence and fulness, and a thousand other incommodities produce changes even on persons otherwise in health; how much more must the tender parts within be affected by exposure to light and air, to the knife and death?

Perhaps this controversy, like most others, owed much of its permanence and its acrimony to the determination of each party to consider itself wholly right, and its opponent wholly wrong, instead of willingly recognizing the existence of truth, of error, and of defect in both. To theorize and to speculate on the hidden *cause* of disease is a different thing from an investigation, however far it may be carried, into the internal *forms* of disease, nor can that knowledge of a disease be regarded as complete which consists merely in a knowledge of those symptoms which appear on the surface, while it is known and confessed that other symptoms (or characters of the disease) are actually existing within. To ascertain *these* symptoms is not to theorize or dogmatize on the hidden or imaginary *cause*, but to search after a fuller acquaintance with the disease itself.

Pathological anatomy is, therefore, a fit study for the physi-

cian, though it may remain very questionable whether they were justified in the extent to which they carried their examinations of the *living* subject; *this* question refers to the *moral* rather than *scientific* propriety of their conduct, though it is also to be confessed that there is much truth and weight in the assertion of a necessary uncertainty attending all results of such violent experiments, an observation well deserving the attention of those who still consider the lower animals fit subjects for the dissecting table, even during life; it may be doubted whether such philosophers are not restrained by conventional propriety or legal restrictions rather than by humanity from carrying their researches into the higher regions of animal life; and certainly the inadequacy of the premises is augmented by the difference in the species examined.

But no degree of pathological anatomy will itself suggest the suitability of a medicine apart from experiment. Expose with perfect clearness and certainty the morbid state of a body, and beside it place a medicinal substance hitherto untried, and what intelligent physician will venture to say whether it shall prove injurious or beneficial? No advance whatever in the direction of pathological anatomy will by itself contribute directly to therapeutics. But supposing any knowledge whatever of the medicinal substance to have been acquired, though of the most trivial character, one step has been taken to bring it within the range of useful application. If for example we find it to be bitter in taste, we may *conjecture*, but merely and very faintly *conjecture*, that it will be useful where other bitter substances have been useful, which is expressed by the empirical rule of *transitus a similibus*, and the application may confirm our conjecture. But if we have not by previous experiment found any bitter substance useful, or have never associated its usefulness with its bitter property, we shall not be induced to employ it, owing to its possessing this property, by anything that we may discover in our pathological research. And the same remark applies to every other property. For no extent of knowledge of the physiological properties of any substance, apart from experience of those properties in relation to the human body, can warrant anything more than mere conjec-

ture as to its use. It should seem, therefore, that experience must be our guide, even on the supposition of our pathological and pharmacological knowledge being *complete*, but distinct, and not as yet brought into mutual relation. But the office of reasoning is to explain the facts which experiment establishes, not to supersede or interfere with them; and its still higher office is to discover the law which unites those facts. But in order to multiply these facts, and render them more and more reducible to a law by becoming more and more perfectly acquainted with their real character, it is the duty of physicians to cultivate sedulously and simultaneously every branch of natural knowledge. And thus shall we find that in this department of thought as in every other, the great ultimate achievement of truth is essentially *uniting* and *antisectarian*, though it may be that the result of its earlier and less perfect development be not "peace, but a sword"—a sword to discriminate, though not to destroy.

DR. RUSSELL'S ADDRESS AT THE SECOND CON-
GRESS OF HOMŒOPATHIC PRACTITIONERS,

Held at London, on the 23rd and 24th July, 1851.

GENTLEMEN,—It is now nearly a century since the birth of the great man to whom we owe the reformation which gives us our distinctive appellation and task; and a bare recital of the leading events which have been more or less caused or affected by the idea he first embodied and taught, would more than occupy the space allotted to this address. But it would be more profitable could we discover the spirit which shaped itself in these outward effects, for it is only by so doing that History becomes an oracle, directing us how to act, and telling what we may anticipate.

The career of Hahnemann is too familiar to us all to require narration here. The features of his character most important to bear in mind when we attempt to estimate the results of his life, are those which he derived from the country of his birth

and those which he shared in common with all great actors in this world's drama.

Germany, that land of promise, of promise unfulfilled,—that land which has so often given us a Prince for our throne and a Monarch in the realms of thought,—was emphatically his fatherland. There he acquired that width of culture and experience corresponding to his future elevation; thence he derived that simplicity, a frequent attendant if not essential attribute of high genius, a simplicity blended with lofty imagination, which delights to recognize a symbolic significance in things of every day life. Thus, upon one occasion being visited in his retreat at Coethen by a disciple who had often heard of the garden attached to his house which afforded him his only exercise, being at the time unable from the hostility of his persecutors to venture beyond his own threshold, in reply to the natural observation of “how small this much talked-of garden of yours is, Hofrath,” he observed, “Yes, it is narrow, but (pointing to the sky) of infinite height.” His enemies could not interdict his ascent, however much they circumscribed his rambles. And thus he became a

“Type of the wise, who soar but never roam,
True to the kindred points of heaven and home.”

From the too great inclination of his countrymen to exalt the ideal over the practical, what might be called a tendency to run to ghost, he was saved by an intense desire, inherent in all reformers, to give substantial reality to the truth he had won from “the void and formless infinite.” To the critical element so excessive in his time and country, and which now threatens all creeds and systems with destruction, he united a faith firm as that of a former and greater age and the zeal of a prophet, which even in the act of consuming the old and false, quickens into being a higher and more enduring form of life. To this combination of opposite qualities, to the profound abstract thinker, the scientific enquirer united with the vehement preacher, and the sagacious man of the world, do we owe one of the greatest achievements recorded in the annals of science.

As Hahnemann's character, like that of all men whose lives have told directly upon the human race, was essentially national,

so the development of his system in the various lands where it took root presents distinctions equally characteristic of their inhabitants. In Germany, great in men and ideas and little addicted to spontaneous organization, no sooner was the doctrine promulgated than it was partially accepted, exposed to the keen critical acumen of its subtilizing intellect, commented on with the easy candour of philosophical scepticism, and when practically espoused it encountered the risk of being lost in absurd extremes; for while the Hochpotenzers waged war with the Specifikers, both were warned from the camp of the thirtieth regiment of regulars. And now we may even descry in the distance the homœopathic sceptic, which seems to me the strangest of all anomalies. In short, in Germany men prefer taking the watch to pieces to trying whether it will go. Hence, notwithstanding the number, ability and industry of its adherents, the system has not made the impression on its native land which it ought to have done, and which it would have done had the Germans been a more practical nation. Let us at the same time frankly acknowledge our immense obligation to them, for they seem destined to grow seed-corn which they may not eat. *Vos non vobis* is painfully applicable to this noble race. Alas, that in the land which gave to us the art of printing, the press should be gagged!

Although we are now in possession of a homœopathic map, by that zealous apostle of the cause who gave such volcanic life to it in Sicily, yet we shall not venture upon the "grand tour," but content ourselves by applying the principles we have indicated to the progress of the reformation in Britain and America. We unite these two countries, for they are of one tongue and lineage. In fact, America is the extreme development of Britain in one direction; more than rivalling its parent in energy and enterprize, and presenting almost in caricature those features in which both they and we differ from Germany.

We may venture without offence to say, that this country, chosen by all the earth to rear the palace for the coronation of commerce, is pre-eminent among the nations. But great as it is nationally, we look in vain for individuals who hold a corres-

ponding pre-eminence among those of other lands. The greatest state seems to have only small statesmen.

The same holds even more emphatically true of America. There as here, the excellence consists in the application rather than the conception of ideas. Hence, as we might have expected, homœopathy was imported ready made into these countries and put to use. The first to give it a firm footing here was Dr. Quin, who, with other rare qualifications for the task, was eminently a man of the world. Sagacious, practical, adroit and bold. The very man for England. Soon others rose, all more or less distinguished by this vigorous practical character, and whose success in every case corresponded to the amount of those qualities they possessed. Over the country in all directions there sprung up practitioners, who with true English instinct organized institutions, such as dispensaries with a committee of management, which now serve as so many centres of independent growth and development, and are spreading like a ganglionic system over the whole island. So that, whereas ten years ago there was but one or two such institutions in the kingdom there are now above forty, almost all of which have a regular board of management, generally comprising persons of great social influence, and are so far independent that in the event of the removal of the practitioner to whom they owe their origin, means would be immediately taken to secure another. Like all British institutions, they have so much stability and plasticity that individual losses can no longer affect their permanence. The number of patients who have been treated at the various dispensaries is now very great, certainly not less than 100,000. In America, too, there exist associations of all kinds for the promotion of homœopathy, some of which have even been sanctioned by the state and incorporated by charter, and obtained the right of granting college degrees, as in Pennsylvania.

To the mere historian this is a pleasant sight, for it assures us that homœopathy *of a kind* has laid so firm a hold of the practical English and American mind, that nothing can now check its steady and rapid advance. It has twice proved its power to combat the most deadly of modern plagues with an amount of success unparalleled by any other method. The

result of the homœopathic treatment both of cholera and yellow fever has greatly increased the public confidence in the system, and won adherents from the old school of physic.

There are now no less than three hospitals in full operation, all ably equipped with efficient medical officers and presided over by men of more than British lustre and renown. So that if there be any truth in history, we may predict for our reformation a future more abundantly triumphant than its brief past. For every day as it adds to the bulk increases the momentum of the body.

But to us to whom the internal development of this great truth is committed, there is much ground of anxiety. It is by no means flattering to our vanity that while it has done so much for us we have done so little for it. We can scarcely point to one original idea suggested, and to but one important medicine added by us, notwithstanding the multitude of books which have been written both here and in America. And it well becomes us to be modest in the height of our success, seeing we owe it so entirely to the ill-requited labours of others, many of whom are scarcely known even by name. Far be it from me to presume to say this in the way of reproof, I merely indicate it as the natural consequence of importing a scientific discovery into this intensely practical and unideal country. Probably the numerous practitioners who have done so much to establish and extend this truth, have been of more benefit than had their time been spent in proving new medicines or reinvestigating the properties of those already proved.

But we are now entering upon a most critical period of our history, and we shall require in the prosperity we confidently anticipate more wisdom to guide our course than when we were insignificant in numbers and reputation. The opposition we are experiencing from the practitioners of allopathy is quite out of proportion to any mischief they conceive our system calculated to produce ; and they seem to be acting under the convulsive apprehension of speedy personal extinction. Indeed their recent doings display an amount of folly approaching to the state of the "*quem Deus vult perdere*," and it requires no great prophetic power to foretell the result. It would certainly have

been more congenial to the better part of our natures had the inevitable process of the absorption and extinction of the antiquated and feeble by the fresh and vigorous proceeded more gradually, and with a less mortifying exhibition of the mean passions which lie dormant in every heart, and display themselves when provoked by selfish fear and cupidity. But this was not to be : and in the age which boasts so loudly of its enlightenment, liberality and toleration, we have seen the most celebrated medical university of Europe stoop to an act of as base and cowardly persecution as any which roused the eloquence of Luther against the perfidy of the Vatican.

It is with profound regret we contemplate the ruinous course adopted by these venerable institutions. Cato's famous sentence, "Delenda est Carthago," proved bad advice : for with the fall of Carthage began the decline of Rome. And we should gain infinitely more by a generous rivalry, than by this bitter hostility between the two opposing schools of medicine. But we fear that to expect this, would be to confound the ancient St. Andrew's Knight of the Lance with the modern St. Andrew's Day of the Lancet. One thing however is certain, that as the Red Indian, in spite of his tomahawk and scalping-knife, disappears more rapidly before the ploughshare than the rifle, so the overthrow, or, what would be far better, the conversion of our antagonists will be more accelerated by our peaceful development than by any aggressive measures.

True, it is not easy to bear with the "silent magnanimity of Nature" the furious assaults of the incessant scribblers in the medical press, to say nothing of the torrent of gibes and taunts to which we are daily exposed. But now that *Punch*, that London Puck, has volunteered his services to command the Joke-corps in this forlorn hope, we may expect to be relieved from the wearisome repetition of attempts at witticism by those whose silly laugh is only now tolerated in society on account of their obvious want of knowledge and good breeding. By the bye, *Punch* should clearly be on our side, for he must claim descent from the Laughing Philosopher, and Democritus was the first to announce the homœopathic doctrine, in his famous answer to Hippocrates, who was sent by his foolish townsfolk to cure of insanity the sanest man of his day.

The rapid progress of our system, involving as it must do the gradual reversing of our relation with the old school, will endanger the loss of that wholesome stimulus which makes each of us feel that he is at present working in the field of a microscope, with the eye of anything but charity fixed upon his actions. If this be withdrawn, there will be considerable risk of the distance between the physician and his patients being too much diminished, and that not so much by the elevation of the latter as the depression of the former.

So long as our whole strength is expended in diffusing rather than augmenting truth, we are tending to equalize the amount of knowledge whose difference distinguishes the professional and non-professional public. So that even now a clerical amateur thinks himself entitled to read us a lecture upon the particular medicine and the particular dose we ought and ought not to give. And we feel that we have exposed ourselves to this severe sarcasm. When we read a popular treatise on Astronomy, by Herschel, we are conscious that in his capacious mind there lie vaults of wealth beyond what he has thought proper to produce for our instruction, and the light he gives, though enough for our unpractised eye, only confirms our previous estimate of his unattainable elevation. But it is far otherwise with popular works, written by those who have not yet obtained the medal of the Legion of Science. The amateur, when he has mastered his manual, imagines more or less foolishly, that he is equal to its author, and expresses his confident opinion upon all matters contained therein. This is the natural consequence of the arithmetical aspect of our books of reference. Once admit the principle that the selection of a remedy depends upon the mere number of the symptoms it has in common with a disease, and it requires a far less complex machine than that of Babbage to supersede the necessity of calling in a doctor. It is not easy for those just entering upon domestic practice, with plenary powers derived from Jahr and Company, to understand how we can admit in it fullest extent the value of the simple rule as an unerring guide to the choice of the right remedy, and yet maintain that its application is so difficult that even Hahnemann, in the full maturity of his experience, exclaims: that he should

feel inclined to worship as a God the man who was thoroughly acquainted with all the virtues that lie in Belladonna alone. So that the complaint of the Father of Medicine: *Ars longa vita brevis, experientia fallax*, holds as true now as it did two thousand years ago. Without wishing to wrap ourselves in a cloak of mystery, or to assume the *odi-profanum-vulgus* air, it is quite obvious that every art has its multitude of technical peculiarities, which require the apprenticeship of a life thoroughly to master, besides its simple laws which may be understood by any person who takes the pains to reflect upon them.

The obvious remedy for this awkward approximation of the two classes, is to set before ourselves a higher standard of attainment, such as Hahnemann had. It is by working in his spirit and towards his ideal that we are his disciples, and not by servile copying of his written directions, much less by implicit faith in the traditionary legends about his miraculous cures. And perhaps I may take the liberty of pressing on your attention the claims of the Journal with which several of us are connected. It has been the anxious wish of the Editors that it should represent the growth of our system ; and among the testimonies to the recognition of its value, we have one more flattering than agreeable in the fact of a reprint to the amount of a thousand copies having been made in America. I should hardly have thought myself entitled to advert to this, had there been an active scientific spirit manifesting itself in other directions, but I fear we are content with what we have attained to, and perhaps nothing but a sharp reverse will teach us that the end of growth is the beginning of decay ; that not to go forward is to go back ; and whenever we cease to gain we begin to lose. In the words of Goethe—

“ Stumbleth he who runneth fast,
Dieth he who standeth still ;
Nor by haste nor rest can ever
Man his destiny fulfil.”

Now that backed by so powerful and distinguished a body of supporters we have given a challenge to all other schools by the opening of public hospitals, it is of the utmost consequence that excelling them in our special method of treatment we should equal them in our general attainments.

We cannot over-estimate the value of our hospitals ; not only nor indeed mainly on account of the statistical evidence they are calculated to afford, but as presenting a field of observation to enquirers. For medical statistics are generally very fallacious. It is a common error to transfer the certainty of numbers to the things they indicate but do not represent. Numerals are simple unchangeable substantives, and never vary in their material relations. Two is and always must be equal to two. But when they become adjective then this no longer holds true. Two men are not necessarily equal to two men. It is a common error to suppose that because calculation is so valuable in ascertaining the probable duration of life, some similar process may be applicable to questions regarding the treatment of disease. This essential difference is overlooked, that in the former case the elements of the calculations are extremely simple, and in the latter just the reverse. We know that within a given space of time all now alive shall be dead. It is no very difficult problem to find the probable term of each life. Although all we can even here determine is the aggregate, not the individual period of death. But it is altogether different with disease. Disease is not a thing, it is an abstract term for a combination and series of changes occurring in a living person. And if two men are not equal to two men, much less are two sick persons equal to two other sick persons, though all are ill of the same disease. When we speak of two cases of brain-fever, we mean two individuals differently organized originally, subjected from their birth to different influences which have modified and increased their primary dissimilarity, and who have into the bargain a morbid action going on in an important organ, and which probably still more exaggerates their natural unlikeness.

Thus they may differ in every other respect and agree only in this, that their brain is inflamed. And yet all these enormous differences are overlooked, and they are secured as so many equal atoms to be exposed to an endless process of multiplication and addition, and from data thus imperfect are drawn algebraical formulæ which we are told are as certain as the propositions of Euclid.

I do not wish to undervalue statistics, but merely to suggest

the propriety of carefully limiting them to their legitimate sphere of application, which seems to me to have been transgressed by some of our ablest physicians.

There are few of our reasonings for practical purposes founded upon mathematics ; but there is another kind of evidence, far more accessible and equally cogent :—the direct appeal to the senses. We do not recognize a thing by enumerating its properties, but by a much more rapid and subtle process. As no sane man can doubt, after a certain number of times, that he can be mistaken in the appearance of a simple obvious and well marked disease, so may the same certainty attend the observation of manifest effects of remedies when their operation is watched. Hospital reports, especially tabular ones, are open to a thousand objections ; but seeing is believing, and any one who is familiar with disease and sees its course modified or arrested under our treatment, in a way he never saw before, cannot resist the conclusion that the result is due to the means employed. Besides the conviction obtained by those who observe for themselves, we cannot doubt but that the fact of cultivated and trustworthy physicians attesting their belief in the system from personal observation, has an invaluable effect in inducing others to pursue a similar course. Nor is the advantage to the student entering the profession to be overlooked. It becomes us to afford all facilities to those who venture to oppose the tyrannical decrees of universities and colleges, and to give them every encouragement in the prosecution of those studies for which they have to encounter the risk of degradation and insult. Every hospital is a school, and while we should deeply regret to see candidates for the homœopathic diploma separating themselves before the termination of their curriculum from their academic fellows, yet, whether the degree is to supersede or to be superadded to that of the old school, it is quite obvious that before long some examination into the qualifications of those who profess to practise homœopathy will be demanded by the public and granted by the state. And I trust that the claims of Edinburgh may not be forgotten. We have already one professor there, who is now doing us valiant service, and I feel assured that the recent futile and malignant attempt to deprive him of his well earned posi-

tion will more clearly demonstrate the fact, that so far from a profession of homœopathy disqualifying a teacher from giving instruction in the preliminary branches of study, the greater nicety of its therapeutics demands a more intimate acquaintance with all the varieties of morbid action, the laws of which constitute pathology. For if the system we have devoted our lives to advance and improve be something more than a cabalistic spell muttered over phantastic globules, if it be indeed one of the greatest thoughts of the day, then it must assimilate to itself all true knowledge and learning. If the sciences were ever necessary to medicine, they are more so now. Truth fulfils, never supplants truth. The value of the past is enhanced by the present, as the revelations of the old testament could not be fully understood till the promulgation of the new.

Indeed it is one of the most gratifying reflections how naturally all the cognate sciences and curative methods arrange themselves round the central truth of Homœopathy. Thus we welcome all the contributions of the chemist and pathologist, as well as the instructions of those who have studied the application of water in its various relations to disease, and all practical investigations on that most mysterious of curative agencies—mesmerism, which even in the cradle rouses such undue fears in the timid, and excites equally exorbitant hopes in the credulous. In short, we give a hearty welcome to all appliances which promise to eradicate the distempers or alleviate the sufferings and prolong the life of the family of mankind. We do not even fanatically refuse the measures employed by our allopathic brethren. (For though the Jews do not study the new testament, that is no reason the Christians should not study the old.) We find in the dietetic medicines, such as cod-liver oil, a valuable auxiliary to our specific treatment. Much less do we reject the improved methods of diagnosis, so elaborately and successfully cultivated by many allopathic physicians, and one of the most recent innovations in an important department of practice has been largely tested and warmly advocated by one of our most energetic and distinguished practitioners.

Indeed we confidently anticipate the day when homœopathy and allopathy, and all such discordant sectarian names, shall

merge in one general system, and when there shall be but one art of healing as there is but one Hope, one Faith, one Life, and one true Physician. To hasten the advance of this glorious consummation requires higher attributes than any that science affords. It demands of us to forget the petty jealousies which have done so much to retard our progress, and that we should act with more mutual toleration and larger charity.

Let us then unite in a higher sense than we have yet done, helping and cheering one another in the arduous task committed to our care, and above all things keeping each his own honour unsullied, that thus we

May bear without abuse,
The grand old name of Gentleman
Defamed by every Charlatan,
And soiled by most ignoble use.

AN ENQUIRY INTO THE TRUTH OF HOMŒOPATHY.

BY WILLIAM SHARP, F.R.S., F.G.S.

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“The poet that beautified the sect, that was otherwise inferior to the rest, saith yet excellently well: ‘It is a pleasure to stand upon the shore, and to see ships tossed upon the sea; a pleasure to stand in the window of a castle, and to see a battle, and the adventures thereof below: but no pleasure is comparable to the standing upon the vantage ground of truth, (a hill not to be commanded, and where the air is always clear and serene,) and to see the errors and wanderings, and mists and tempests, in the vale below:’ so always that this prospect be with pity, and not with swelling or pride.”—Bacon.

EVERY department of nature which has hitherto been successfully studied, so as to constitute a science, or so as to have a claim to be considered a science, has been founded upon some general fact, called a law of nature.

The law upon which each branch of science depends has been happily discovered by some intelligent and industrious cultivator of that department. For example: Astronomy is based upon the *law of gravitation*, discovered by NEWTON; Hydrostatics on the law of *the equal pressure of liquids in all directions*, for which we are indebted to the successive labours

of ARCHIMEDES, GALILEO, and NEWTON ; Chemistry on *the union of bodies in definite or fixed proportions*, first fully developed by DALTON ; and so of other sciences.

The consequence of having such a foundation is unanimity of sentiment among the cultivators of the science, and the continual and satisfactory progress of their pursuits.

It is generally acknowledged that the collateral sciences of Medicine, those branches of general knowledge which an educated medical man is expected to study, in addition to his own proper province of administering remedies in disease, have now, for a considerable period of time, been making this progress, in a very rapid and satisfactory manner.

It is as generally admitted that Therapeutics, the art of healing, has made no progress at all, of a satisfactory kind.

It is evident, on an attentive consideration of the subject, that the cause of the progress of the one, and of the want of it in the other, does not lie in any exclusive attention to the cultivation of the successful sciences, and neglect of medicines, but in the possession, or not, of fundamental principles, or general facts, upon which the innumerable particular facts can be grafted or arranged, so as, out of a confused mass of materials, to present an orderly and methodical group.

Therapeutics—the administration of medicines—up to the present time has consisted of an unconnected assemblage of facts, of more or less value, the result of casual observation, and constituting what is called experience. It is so destitute of any generalizing principle that the present President of the London College of Physicians * asserted no long time ago, in a public lecture, that it is “incapable of generalisation.”

The consequence of this unsettled condition is the utmost confusion and contradiction in the present practice of physic. This humiliating confession is made by almost every respectable writer on Medicine. “So confidently are the most opposite remedies enforced, and so contradictory are the results said to follow the application of the same means in the hands of different persons, equally worthy of credit, that the impugner of medical skill may fairly point with confidence to this part of our field (treat-

* Paris's Pharmacologia.

ment), and demand if such contradictions are worthy of the name of a science, or of trust." *

Nevertheless, in successive ages, from DEMOCRITUS and his cotemporary HIPPOCRATES downwards, reflecting men have earnestly desired to discover some general and guiding fact upon which the art of healing might be based. Two have been dimly seen and feebly grasped at. The one, that diseases are cured by substances which produce effects which are contrary to them; and the other, that they are cured by those which produce similar effects;—" *contraria contrariis curantur*," and " *similia similibus curantur*." Both these are announced in the writings of HIPPOCRATES.

As far as any principle has been thought of at all, for the last two thousand years, the former has been deemed to deserve the preference, but in fact, it has been practically disregarded, and medicine has been really simply empirical: a remedy was found, perhaps accidentally, to do good, and it was therefore given in other cases which appeared to be like the one it had cured. This plan sometimes succeeded, but it also often failed, and always when it failed, and often when it succeeded, the constitution was more or less injured by the large doses and otherwise severe treatment.

We are indebted to HAHNEMANN, a German of the last generation, for powerfully and perseveringly calling our attention to the latter principle or general fact, namely, that " *likes are cured by likes*," or, in other words, that the true properties of drugs can be discovered only by experiments on the healthy body of man, and that whatever symptoms of disease are thus produced are the true guides to the use of the remedy; for that it must be given only in such natural diseases as are attended with symptoms like those produced by the drug in the healthy person.

This proposition has now been put forth in such a strong and urgent manner, as to demand an investigation by every medical man who is conscientiously desirous of doing all the good he can to his suffering fellow-creatures. It does not seem to have anything in itself which must necessarily excite disgust,

* *Nunneley on Erysipelas*, page 198.

or opposition ; it is no theory of disease ; it does not pretend to explain the *modus operandi* of medicines ; it professes to be a *fact* upon which a method of cure may be founded. But it comes to us associated with another professed fact, of a much more startling character ; namely, that the properly chosen remedy acts with sufficient power, in the cure of diseases, in inconceivably small doses. It is this second proposition which excites ridicule, affronts propriety, rouses indignation, and provokes rejection. The two statements are not necessarily connected,—one might be true and the other false,—but they actually come presented to our minds in such a state of union, that they must be investigated together, and in all probability must stand or fall together.

Conceiving it to be my duty to enquire into the truth or falsehood of these statements, I have done so, in all sincerity and diligence, for nearly two years. Having been satisfied by this enquiry of their value, it has appeared to be also my duty to embrace them practically, in the hope of being thereby enabled to afford additional relief to my patients. Having gone so far as this, it seems due to my former friends and associates to present to them the grounds of so serious a change. I beg therefore respectfully to lay before them the following cases, as a selection from those I have treated after the new manner, and which, along with many others, have induced me to persevere with this treatment.

CASES.

Vomiting.

Among my earliest trials were several cases of vomiting in children, arising from the ordinary causes of indigestion. These were all very speedily cured by a few doses of the 3rd dilution of the tincture of *ipêcacuanha*. Among these the following occurred :

Mrs. M—'s daughter, aged about 10, a rather delicate child, whose mother is very liable to attacks of erysipelas and other ailments of a debilitated constitution, has been vomiting inveterately for a week, so that everything which has been given her during that time, whether as food or medicine, has been rejected ; she is, as may be supposed, much exhausted.

I gave her Tinct. Ipecac. 3.

On visiting her the next day I found that she had not vomited after the first dose, and she very rapidly recovered her usual health and strength.

The distressing nausea and vomiting which so frequently accompany pregnancy, and which so often baffle the medical man's best efforts, I have found in more than one instance delightfully removed in this manner—I copy the following.—

Mrs. R—, of C—, seen at Leamington in consultation with Dr. Sutherland. Has been married about a year, has lost flesh, and had various ailments, for which she has had medical treatment for some time without benefit. The last two months she has suffered from continual sickness, vomiting bile in the morning, and her food after every meal. From all the circumstances of the case I ventured to pronounce her pregnant, and recommended

Tinct. Ipecac. 3rd decimal.

About a fortnight afterwards, I learned from Dr. Sutherland that the Ipecacuanha had completely put a stop to the sickness, and that she was gaining flesh and going on well.

It is in vain to remark that it is “doing nothing” which gives relief. In this, and in other cases, nothing had been done for some days, and the sickness had continued. And, besides, medical men know that “doing nothing” in such cases is of no avail.

While on the subject of vomiting I am induced to give a case of much older date, because it illustrates a remark which I have often lately made, that, on reflection, I find that much of my former successful practice was, without my being aware of it, homœopathic in principle. The notes were written by an intelligent assistant at the time.

“Miss A— H—, æt. 36, has been subject to frequent attacks of erysipelas, accompanied by great sickness. The last attack was during last summer, from which she recovered about three months since. On Saturday, December 17th, 1836, she was attacked with vomiting and purging, accompanied by an acute pain in the region of the liver. Mr. H., who saw her, gave her Calomel and Opium, and applied a blister to the seat of the pain, but without relief; he also gave her effervescing salines with Hydrocyanic Acid, and applied a mustard poultice to the stomach, with slight but temporary benefit. On

Thursday, December 22nd, the vomiting being more violent than ever, neither food nor medicine having remained on the stomach since the Saturday previous, Mr. Sharp, along with Dr. Hobson, saw her and found her in the following state: Vomiting excessive; pain in the abdomen; pain and tenderness along the whole course of the spine (to which Mr. S. applied a mustard poultice with complete relief). Dr. H. thinking that the mesenteric glands were affected, prescribed Argent. nitrat. in small doses, combined with Ext. Opii. aquos., and on the following day changed the Argent. nitr. for Cupri. sulph., but the stomach rejected everything. A large blister was also applied to the abdomen, but matters grew worse, and the patient feeling that she must inevitably die, refused to take any more medicine. On the 26th Mr. Sharp suggested a trial of Creosote. It was procured and administered in some gruel without her knowledge, one or two drops being put into a small basin of gruel and a spoonful given at a time. She has never vomited since. She continued to take one drop daily for a short time, and then discontinued it. She took small quantities of light nourishment since the 26th till her health was re-established, and she has since been quite free from similar attacks."

Diarrhœa.

As *ipêcacuanha* is remarkably useful in many cases of vomiting, so *rhubarb* is not less so in the kinds of diarrhœa which resemble those produced by large doses of that drug. The use of it indeed for such a purpose in small doses is not so novel a proceeding. It is often so used in the old practice. I have now repeatedly tried it in doses of the 2nd dilution, and found it answer extremely well, both for children and adults.

Other cases of diarrhœa correspond to, and therefore require other remedies; for instance, I have had three patients suffering from violent purging with severe colic—the pains going off entirely for a time and then returning—relieved by pressure on the stomach, and followed on each recurrence by a bilious motion. These symptoms are similar to those produced by *senna*, as all who have been in the habit of taking "black draughts" are pretty well aware. Each of these cases was cured by about two drops of Tinct. Sennæ.

Again, when blood is mixed with the evacuations, the disease

often resembles the effects produced by *ippecacuanha*, in such cases, that (*ippec.*) is the proper remedy.

Mrs. R— I found suffering much from constant purging of black motions, apparently arising from a mixture of dark venous blood ; she had a feeble pulse and was much sunk. I gave her

Tinct. Ipecac. 1.

Eight drops of this dilution in two ounces of water, a dessert spoonful every two hours, and the same quantity on the following day, sufficed to effect a cure.

Bilious Disorder.

Master T—, aged 3. On Tuesday, February 19th, 1850, looked a little bilious. He had Hydr. cum creta gr. iij, and on Wednesday morning a dessert spoonful of Castor oil. The bowels were well moved, the stools bilious. On Thursday he became more feverish, and began to cough. Hydr. cum creta, gr. iij, given ; he was a little sick after the powder ; his cheeks burned ; he started in his sleep, and there was apprehension of croup, (an attack of which he had last summer) ; in the night slight delirium. On Friday morning a dessert spoonful of Castor oil was again given, the bowels were very well moved, (that is, several times). On Saturday the skin was dry and hot. Effervescing draughts were given. Cough became troublesome ; he was getting rapidly worse, and in the evening I was sent for. The child looked very heavy, his eyes dull, and his tongue remarkably coated with a thick white fur, like a coat of paint.

Tinct. Aconiti 3, two drops in an ounce of water,
a teaspoonful every three hours.

Sunday, Feb. 24th.—Has had a much better night, and appears in every respect relieved. Belladonnæ 3.

In the evening.—Going on well.

Repeat the Aconite with one drop, and give two pellets of
Chamomilla 3, in the morning.

On Monday.—In every respect better, but the tongue cleans slowly.

Two powders with Chamomilla 3.

Tuesday.—Improving.

Chamomilla at bedtime ; China 12, in the morning.

Wednesday.—Better. Repeat the China twice.

Thursday.—Well, except the tongue.

Mercurius 5, at bedtime ; Hepar sulphuris 5, in the morning.

Friday.—Repeat the last powders. Well.

Abdominal Spasmodic Pains.

In instances of suffering of this kind, the benefit derived from *Nux vomica* 3, has been very gratifying. When the attack was recent it was almost immediately removed, and in one case of long standing, where the countenance betrayed the existence of organic disease, and in which the pain was so severe, and had continued so many hours that a fatal result seemed not improbable, the prostration of strength being very great,—a perseverance in the remedy at short intervals for a few hours gave complete relief. The following case may also be given under this head.

N— E—'s wife, a middle aged woman, has had two children, for some months has been much indisposed in various ways, and under the care of a physician. During the last fortnight she has got much worse, and when I saw her on Wednesday evening, March 20th, 1850, she was in extreme pain in the body, sitting bent over the fire because she could not lie in bed. Very dry tongue and extremely sunk and exhausted. Has been taking *assafœtida* and gin, on the recommendation of a neighbour; says she feels very sick.

I gave her a dose of *Nux vomica* 3, which I had taken with me, after which she vomited. I then sent her

Tinct. Arsenici 3, a dose every two hours.

March 21st.—The pain entirely gone; considerable soreness in the abdomen remaining, and a cough.

Tinct. Bryoniæ 3, a dose every three hours.

22nd.—Much better; tongue still rather dry, and some feverishness remains. *Aconitum* 12.

23rd.—Complains again of soreness in the body.

To have warm fomentations and a dose of *Arnica* 3;
afterwards, *Tinct. Arsenici* 3.

26th.—Complains of violent pain in the right leg and thigh, which entirely prevents sleep for several hours in the night; tongue still rather dry. *China* 12, three times a day.

28th.—Says she “could not have believed that anything could have relieved her so much.” Has had two good nights; was standing at the door with her bonnet on; feels only rather weak, and will not trouble me to visit her any more.

Continue the *China* a few days.

Flatulent Colic, with discharge of white glairy mucus from the bowels.

Master T—, has been suffering from these symptoms some hours.

Tinct. Bals. Copaibæ 3, three times a day,

and an injection containing a drop of the Ess. Oil of Copaiba.

2nd day.—No return of pain since the injection; some discharge of the same kind of mucus. The medicine continued.

3rd.—The mucus discharge has disappeared; he seems nearly well. Repeat the mixture.

Parotitis.

Every one knows that the first effect of Mercury is to act upon the salivary glands; if, therefore, there be any truth in the law of “*similia*,” Mercury ought to be a cure for mumps. I have had a great many opportunities of putting the law in question to this test, and I can with truth affirm that in every instance the result has been satisfactory. I gave nothing but Mercurius in various dilutions, and in every case the cure was rapid and perfect. It must be remembered that not the slightest local application of any kind was permitted in any one of the cases. The pain was amazingly mitigated, and there was no metastasis or sympathetic affection of any sort. In my former practice I had come to the conclusion that a Mercurial plaster, containing a little Hydriodate of Potash, was the most successful treatment.

Cynanche.

Miss —, of a nervous temperament, suffered from headache and sore-throat yesterday; to-day has vomiting of mucus and bile, and diarrhœa; pain like a cord drawn round the body.

Tinct. Belladonnæ 3.

Evening.—The vomiting and purging ceased immediately. Now feverish, with headache and sore-throat.

Tinct. Aconiti 3.

2nd day.—No fever; tongue clean and moist; has had no sleep on account of severe compressive pain on the top of the head.

Ignatia 12, three powders, containing two pellets each.

In the evening she reported that “the pressure was relieved after

the first powder, and the pain very much less after the second; the third entirely removed it."

3rd. Has slept well; is down stairs. Well except an ulcer remaining in the left tonsil, and weakness.

Having exerted herself too much, this was followed by a bad night and return of headache.

Mercurius 5.

5th.—Better, but complains of weakness and depression.

China 6.

I afterwards found that my patient was agitated by various mental anxieties, which interfered with the recovery of her strength, and she went from home a short time. She returned well.

Other cases of cynanche have yielded beautifully to Belladonna, and one or two to Nux Vomica, where that remedy seemed better adapted to the constitution.

Aug. 7, 1851.—Thos. Rogers, aged 16. Severe cynanche tonsillaris. Right tonsil very large, apparently suppurating, and must burst. I felt a strong inclination to thrust a lancet into it. He has had quinsey before, when the abscess burst. He is quite unable to swallow.

Tinct. Hepar. Sulph. 5.

8th.—Can swallow rather better. Abscess has not burst. Continue the medicine.

11th.—Throat not so well; more painful.

Tinct. Belladonnæ 1.

12th.—Throat no better.

Lachesis 6.

13th.—Throat much better; swelling subsiding. Repeat Lachesis.

15th.—Well.

Croup.

I have tried the new treatment in three cases of croup. One comparatively slight, because attended to immediately, though the difficulty of breathing and distress were very considerable, and the cough thoroughly characteristic. This was speedily cured by a few doses of Aconite and Hepar Sulphuris. The second was a more severe attack, and consequently resisted the treatment longer, but it also yielded during the night to Aconite, Spongia, and Hepar Sulphuris. My notes of the third case are as follow:—

Dec. 1, 1850; Sunday.—This was as bad a case of croup as I ever saw recover. The patient, a little boy 3 years and 5 months old, was very fat and tall for his age; a fine child. He began as usual in the night (Saturday), but I was not sent for to see him till to-day at noon. His mother has given him Antimonial wine, &c., and he has vomited several times, both before and after taking the antimony. When I saw him his face was very hot and flushed, and, when he coughed, almost purple; his breathing very short, and the peculiar sound of croup accompanied both the breathing and the cough; his pulse above 180; occasionally he struggled violently for breath, as if he would be suffocated. I gave him

Tinct. Aconiti 3, and Tinct. Spongiae 5, in alternate doses every quarter of an hour.

6 P. M.—He has not yet been much relieved. Has taken six doses of each of the medicines.

Tinct. Hepar Sulph. 5.

I gave him half a drop. He seemed to breathe rather better after this, and in another quarter of an hour I repeated the dose. Fifteen minutes later I gave the Aconite again. His pulse was now 160; his fits of coughing not so frequent. For the night he had

Tinct. Aconit. 2, Tinct. Spongiae 3, Tinct. Hepar Sulph. 5, to take in turns, half an hour between each dose. As yet he was to have no food.

Monday morning, 9 A. M. He continued very ill, and between 12 and 1 o'clock his parents thought he would die, but he then began to breathe better, and he is now greatly recovered. His countenance looks natural, his breathing much slower and without noise, his cough has lost its croupy character and is much less frequent, his pulse 140. He had begged for a little tea, and had taken it with a morsel of bread and butter, before I saw him. To continue the medicines at intervals of an hour.

6 P. M.—The most troublesome symptom during the day has been vomiting. The breathing and cough better, pulse 140. To discontinue the medicines and to take

Tinct. Ipecac. 3, a dose every two hours.

Tuesday.—He took the medicine, and also a small dose of castor-oil in the night. He is much better to-day, and in a few days he was well.

Inflammatory Congestion of the Lungs.

In February, 1850, I attended J— R—, a servant, for a violent attack of inflammation of the lungs, and not feeling myself at that time sufficiently master of the homœopathic treatment of so dangerous a disease, I prescribed for her in accordance with my former experience. Three weeks elapsed before she became convalescent, and it required some time to be spent in the country before she could return to her employment.

In the evening of the 25th of October, I was sent for by her mistress, to see her again. She had continued well all the summer, but having been out the previous evening in the wet, she was taken ill again in the same manner as before. She was exceedingly hot; her face flushed; her breathing rapid and difficult; she complained of violent pain in the chest and head; had a short, hacking cough; and her pulse 140, full and hard. The nature of the case was sufficiently manifest. I ordered her to take

Tinct. Aconiti 3, Tinct. Belladonnæ 3,
in half-drop doses every half-hour, alternately.

The next morning I was highly gratified to find that the flushed face and pain in the head were gone; that the pain in the chest was very much less, the breathing greatly relieved, and the pulse 115. She complained now only of pain in the back.

Tinct. Aconiti 3, Tinct. Bryoniæ 2,
to be taken as before.

She had no other medicine, and recovered in a few days.

Pleuro-pneumonia.

March 23rd, 1851.—Mrs. W—'s nephew, a thin, unhealthy looking young man of about 18. Has been ill some days from checked perspiration. He now looks deathly pale, is shivering, has headache, and his pulse is too rapid to be counted.

Tinct. Nux vom. 3.

24th.—Headache gone; nature of the case now more evident. The pain in the side, dyspnœa, short dry cough, and the stethoscope plainly indicating Pleuritis, and the inflammation extending to the lungs. Pulse 120; urine high coloured and very acid; the tongue has a dry stripe along the centre and is furred on the sides.

Tinct. Bryoniæ 3.

25th.—Symptoms much the same.

Tinct. Aconiti 2, Tinct. Bryoniæ 2, alternately.

In the evening—Respirations from 40 to 48 in the minute ; pulse 120 ; cough frequent. Expectoration now coming on, of a pale pink (tinged with blood) ; pain very severe in the right side and across the diaphragm. No relief from the Bryonia.

Tinct. Aconiti 3, Tinct. Belladonnæ 3, alternately.

26th, 8 A. M.—Somewhat relieved, has had a little sleep ; pain less ; pulse still 120, but softer ; breathing still frequent and short.

Evening.—Very little pain, except when moving ; pulse 110 ; respirations 32 ; sputa not tinged ; air enters the right lung better.

Tinct. Aconiti 2, Tinct. Belladonnæ 2, alternately.

27th.—Has had a restless night ; complains of pains externally in the chest and abdomen, sore to the touch ; breathing nearly 40 times in the minute ; pulse 108 ; has perspired freely on the body and chest ; cough troublesome ; has not expectorated much ; mouth and breath disagreeable ; tongue moist ; urine less high coloured.

Tinct. Rhus tox. 3, half a drop every two hours.

Evening.—Looks ill ; lies only on his back ; pulse and breathing the same ; no expectoration ; no pain, except on moving or coughing.

Tinct. Phosphor. 2, every two hours.

28th.—Has had a good night after a bad fit of coughing in the evening, and a difficult motion ; looks rather better ; is free from pain ; pulse 108 ; respiration not so frequent ; urine still rather high coloured.

29th.—Saw him asleep ; pulse 100 ; respirations 40 ; cough not so troublesome ; much depressed in spirits.

Phosphorus 6, nine pellets in four ounces of water,
a tablespoonful every three hours.

30th.—Has slept all night ; no pain ; pulse 68 ; tongue still furred and breath foetid ; respiration rapid.

Mercurius 6, twelve pellets in four ounces of water, as before.

31st.—Better ; no pain ; pulse 64 ; breathing still short and imperfect.

Repeat Mercurius.

April 1st.—In the act of dressing when I saw him. Breathing still frequent ; other symptoms as before.

Tinct. Bryoniæ 3.

2nd.—Feels better ; pulse 70 ; expectorates freely ; breathing rather better.

3rd.—Improving rapidly. Repeat Bryonia.

4th.—Has had a violent attack of pain in the muscles of the thigh

and leg, which were beginning to swell, this continued for some days. The pain and swelling subsided under the use of Aconite and Sulphur, and the cough, expectoration and difficulty of breathing entirely disappeared. I have since examined his lungs and they have regained their healthy condition. He has had no return of the symptoms, and is now pursuing his avocation, which is a trying one for such a constitution.

It is evident that this young man very nearly died. Experienced homœopathists will see that the treatment might have been better; doubtless the Phosphorus ought to have been given in the first instance instead of the Bryony. Had this plan been adopted I have no doubt that the recovery would have commenced earlier; but with all its defects the treatment was ultimately successful, not only in affording palliative relief but in effecting a radical cure. I feel a moral certainty that had he been treated with bleeding and blistering, purgatives, salines and antimonials, he would have died, if not immediately, (which I believe would have been the case), at any rate from the chronic disease which by this method would have been left behind. The time seemed long during which my anxiety continued, but after all it did not extend to a fortnight, and it must not be forgotten that the disease had been allowed to gather strength for nearly a week before anything was done to check it. I feel justified by the result in considering this case as a striking proof of the efficacy of the new remedies in such an acute and highly dangerous disease as pneumonia is universally considered.

Hooping-cough.

During the winter of 1850 two very bad cases of hooping-cough fell under my care. One I considered almost in dying circumstances when I first saw the poor little sufferer, and though it derived benefit for some time from *Veratrum*, the expectoration exhausted it, and it ultimately sunk in an extreme state of emaciation. The second, a rather older child, but nearly as bad a case, recovered under similar treatment. A third case, also an infant, I saw in a much earlier stage of the disease, and to my great surprise, it was perfectly cured in three

weeks. Hooping-cough has rarely hitherto been cured in the winter.

Otalgia.

Some long-continued cases of earache in children, for one of which Mr. Pilcher was consulted, were cured by Pulsatilla in the most beautiful manner. Another in an adult was the following:—

April 26, 1850. Mrs. G—J—. Obstinate pain and discharge from the ear, which has resisted much treatment by her medical attendant. Her general health seems good—indeed she makes no other complaint than what may fairly be supposed to arise from the frequent pain in the ear—the discharge is considerable and disagreeable. A perseverance for two months with Pulsatilla, with occasional doses of Aconite and Belladonna, two of Hepar sulphuris, and four of Calcareo carbonica, were successful in accomplishing a cure.

Ophthalmia with Ulcers on the Cornea.

Several cases of inflammation of the eyes have occurred and have yielded to the administration of Belladonna, &c. One little child had suffered severely for many months, had not been benefitted by treatment, and considerable ulcers and specks existed on each cornea. This was beautifully cured by a persevering use of Calcareo carbonica.

Another somewhat similar case, but not of so long standing, and affecting one eye only, was more rapidly cured by Euphrasia.

Headache.

A variety of pains in the head have found more or less speedy relief from the remedies administered, but I must limit myself to one case under this head.

Mrs. D— was suffering when I saw her from very severe pain on the top of the head, with a flushed face but not a frequent pulse: she requested to have some leeches and a blister. I persuaded her to allow me to try a little medicine first, and sent her

Tinct. Belladonnæ 3.

The next day she was no better—indeed the pain was described as distracting. I tried

Tinct. Nux vom. 3.

The third day she was if possible worse, and entreated to have a blister on the nape of the neck, or some leeches, or both. I felt in extremity myself, as well as my patient. The fate of homœopathy in my own mind was in some measure depending upon this case, though I felt conscious that it is not reasonable to fix upon an *experimentum crucis* in such an arbitrary manner, and that it is in reality *the result of many cases, and not of any single one*, that must decide the question at issue. I called to mind the necessity which often exists for minute enquiry before the appropriate remedy can be discovered, and having promised her a blister if I failed another day, I set to work anew to sift the history of the case from the beginning. I thus ascertained that several years ago she had had, during miscarriages and at other times, immense losses of blood, and that since that time she had been subject to occasional ailments in the head, but not always of a similar kind. I now had my clue, and immediately sent her

China 6,

and the first dose completely cured her. It may be said that I ought to have made all this out at my first visit, but those only who have tried, know the difficulty of persevering in such minute investigations, through a number of patients, during each day's visits, and the continual temptation one lies under, of slipping back into the more cursory and much more easy and agreeable method to which one has been accustomed for a long series of years.

Threatened Hydrocephalus.

July 19, 1851.—R— H—'s son, aged about 5, delicate, has been complaining some time of headache, loss of appetite, listlessness; is now creeping into the fire, though a very hot day; has a staring, unmeaning look, gives no answer when spoken to, pupils insensible to the sudden action of light, pulse slow and feeble. The parents state that they have lost two children already from water in the brain, and fear this little boy is going off in the same manner.

Tinct. Belladonnæ 3, Tinct. Ipecacuanhæ 3, alternately.

20th.—A little improvement in the child's appearance.

Tinct. Belladonnæ 3, Tinct. Sulphuris 5, alternately.

I was then prevented seeing him for a few days, but on the 25th I found him much better.

Pulsatilla 3.

From this date he continued to recover. Subsequently his little sister began to be similarly affected, and was cured in the same manner.

Disease of the heart.

A lady consulted me in February 1850, for a serious affection of the heart, following influenza which she had suffered from, three or four years previously. The stethoscopic signs were well manifested, and I was compelled by them to give an unfavourable prognosis. I regret that I did not write them down at the time, and must not now attempt to describe them from memory. She had been losing flesh from the time of the attack of influenza, and her friends quite gave her up as a lost case. Her husband was a long time very difficult to persuade that she was really getting better. However, by a steady perseverance for four months, mainly in the use of Aconite and Digitalis, she completely recovered. She has continued very well ever since, and is now (September, 1851) getting stout again. The action of the heart, the last time I examined it, was quite natural.

Rheumatic Fever.

Rheumatism, as far as my observation goes, is always accompanied by an acid state of the secretions. If litmus paper be applied to the tongue, the moist skin, or the urine, while a patient is suffering from rheumatic pain, it will, I believe, be always reddened. Knowing this, I have been in the habit for some time of treating rheumatism with alkalies, both internally and externally, and with so much better success than when formerly colchicum, bleeding, &c. were had recourse to, that I was reluctant to give them up. The following was the first case which induced me to do so.—

1850. Nov. 21. Thursday.—Master W—, about 12 years old, has had diarrhoea two days—no other complaint.

Rhubarb ʒ, every three hours.

22nd.—Diarrhoea continues. Has had by mistake coffee for breakfast.

Tinct. Rhei gutt xx, in four ounces of water—to be taken as before.

23rd.—Diarrhoea has ceased, but he now complains of pain like that of a bruise under the knee joint and is becoming feverish.

Tinct. Arnica 3.

Advised to go to bed.

24th, Sunday.—Has had no sleep; pain with redness in the ankles and knees; pulse 120; tongue covered with a thick white fur but quite moist. Litmus paper strongly reddened by the tongue, the skin, and the urine. There is now no doubt that it is a case of rheumatic fever.

Sodæ subcarb. 3j; Mist. Camph. ʒvj: two tablespoonfuls
every three hours:

Lot. Alk. ʒviij: a fourth part to be added to a pint of hot water,
and the inflamed joints to be sponged with it,
also a warm bath.

In the evening.—He had felt comfortable in the bath, but the pains were no better after it; he liked the sponging, and was relieved by it, but in other respects the same.

25th.—Has had no sleep, but the ankles, &c. rather easier; tongue very much coated; other symptoms the same. The bowels have not acted since Saturday, some uneasiness in them.

Repeat the mixture and lotion, and an aperient draught.

In the evening more pain and fever.

Repeat the aperient draught early in the morning.

26th.—A good deal relieved this morning though he has had little or no sleep. Pulse 110; rather less acidity but the same coating on the tongue.

Tuesday evening.—Every way much worse, sent for me at 10 o'clock. Pains in the wrists, with swelling and redness, also in the elbows, back, and abdomen. Bowels have acted several times—sometimes copiously, at others with griping motions, nothing but a small quantity of mucus coming away. Pulse above 120, restless, hot, and looking very ill. Litmus paper very strongly reddened. My alkaline treatment having now disappointed me, I felt justified in substituting the new remedies, and prescribed

Tinct. Bryoniæ ʒ, a dose every two hours.

27th.—Relieved in every way. Pulse 82; tongue less furred; no pain; no purging.

In the evening.—Still better. Pulse 82.

28th.—Has had a good night, feels some pain in the back, but otherwise only weak. Pulse 72.

His father, a medical man of distinction, now arrived from a distance, together with his mother. Though no homœopathist, I was greatly relieved when, after having detailed to him all I had done, I received from him hearty thanks for the benefit his boy had evidently received from the treatment. In a few days he was sufficiently recovered to be taken home by his mother. I believe he has since suffered a good deal, which I cannot but think he would have escaped had the homœopathic remedies been continued.

The value of Bryony in this case induced me to try it subsequently in several cases of rheumatism, and generally with very great advantage to my patient. It would be very interesting to ascertain whether when Bryony is taken in health, either accidentally as a poison, or intentionally with the view of "proving" its effects, it produces the same acidity in the secretions. This, and many other similar points will be learnt as the re-investigation of the *Materia Medica* is proceeded with.

Retention of Urine.

August 10, 1851, Sunday.—A stone-mason, aged 45, employed in sinking a pit, and consequently working partially in water. Fifteen years ago had gonorrhœa treated with injections; has had stricture ever since. A year ago had retention of urine for a short time, but did not get bad. Had a little ale last night, has had retention of urine since 2 A. M.; at 4 went to a druggist, who gave him Castor oil, and told him to take some gin without water, which he did. At 6, being in great pain, his wife went to the same person, who gave her Spirits of Turpentine, of which he took two doses. I understood that at 10 and at 12 he gave some other medicines. At 4 P. M. his wife came for me, and I went with her to see him. He was at that time flushed and feverish, with pain and excitement, and rolling about his bed in great distress. It was not a case admitting of delay, the region of the bladder being distended and hard. I hoped to be able to give relief by the catheter, but taking every pains, and using as much force as I deemed safe, I was compelled to desist, at least for a while. I determined to try some remedies, but with very faint hope, if I had any at all, that they could afford relief. I began with a dose of Sulphur, with the view of counteracting, as far as it might be able, the injurious effects of the

medicines he had already taken. This was followed by a dose of Aconite, and then I began giving Cantharis and Cannabis every quarter of an hour, and afterwards Nux vomica and Pulsatilla, and the happy result was that he very soon began to pass small quantities of water. By 10 o'clock it amounted to more than a pint, to his great relief; by 4 in the morning as much more had passed, and he fell asleep for two hours.

On Monday.—He has continued easy. Has made water at intervals; hypogastrium soft; pulse 88; urine very full of mucus. In a few days he was restored to the state he had been in previous to the attack on Sunday—which indeed was far from satisfactory, and I hoped to benefit him still more by the help of Clematis, but the following week he returned to his work and I have not seen him since. Any surgeon of experience would have proposed puncturing the bladder in this case, if the catheter had failed on a second careful attempt. How happy to have a few tasteless doses of medicine put into our hands, which, in this instance at least, supplanted the use of both catheter and trocar!

Diabetes mellitus.

On the 7th of March, 1850, I was consulted by Mrs. —, a widow of about 47, who had been suffering for several years from various ailments, and had been during much of that time under the care of a physician. I found that one of her complaints was diabetes mellitus, which had been increasing upon her for at least two years. The quantity of urine in the twenty-four hours was fifteen pints, and the weight of sugar contained in this exceeded a pound. It would be tedious to report the daily progress of this case; it must suffice to say that under the influence of Aconite, Sulphur, Nux vomica, China, Belladonna, and some other remedies, by the middle of July she was so much recovered that the quantity of water was reduced to below three pints, that is to the quantity natural in health, and though the presence of sugar could still be detected, it was comparatively small in quantity. She then went to the sea-side for two or three weeks. During her stay there, her son wrote to me that his “Mother was so well that she did not appear to ail anything.” She has since suffered in various ways from mental causes, and has had some return of the diabetes, but it has again yielded to the same remedies. It may be said of this case that the tendency to the complaint is not removed. This is granted, but while the causes which

first induced the complaint are, in all probability, still surrounding the patient, it is not surprising if they succeed in bringing on second or third attacks. I have seen several cases of sugared urine formerly, but I never saw the old remedies afford such permanent benefit. Neither is it reasonable to expect that the new method will always succeed in such an untractable, and hitherto usually fatal disease.

Fever.

I have treated about twenty cases of fever of a typhoid character, after the new method. Some were slight; I think they were cut short by the treatment; others were very bad. Only one has died, repeated and obstinate bleeding from the nose being the immediate cause of the unfavourable result.

The first case was in consultation with Mr. Dickinson. The boy, when I saw him for the first time, was very ill, with delirium, dry tongue, &c., and it was at his parent's request that the new remedies were tried. Mr. Dickinson watched the case, and from day to day expressed himself satisfied with the boy's progress. Indeed, no case of fever could have gone on better.

Space will not allow me to add at present, which I otherwise could do, to these cases. I must however make a few observations upon them; and

First.—They are not given as specimens of perfect homœopathic treatment, nor with the view of teaching homœopathic practice. I am too sensible of their imperfections to propose them with this intention. They are also too briefly recorded to answer such purposes as these. They are related in as few words as possible, as they have occurred to me in my inquiry into the truth of homœopathy. They are among the reasons which induce me to persevere in that enquiry; and I venture to think they are sufficient, if studied with candour, to induce others of my medical brethren to undertake a similar course of conscientious enquiry.

Secondly.—It will be observed that nearly all the cases are of an acute character. It is not to be inferred from this that homœopathy is not equally applicable to chronic complaints; but I have preferred recording cases of acute disease, because the effects of the remedies, following as they do more rapidly

the administration of the dose, may be more easily and surely observed, and ought therefore to be more readily acknowledged.

Thirdly.—It will also be observed that I have omitted all allusion to the diet of the several cases. This I have done for brevity's sake, and I remark now, that in each instance I adhered to my usual course with respect to food, or if I varied at all, it was in being less strict than formerly; and this for my own satisfaction, and to obviate the objection that diet, in the new treatment, is everything. In many cases there is no time for food of any kind; in others the symptoms are too severe to admit of food being taken; and in those of longer continuance and of a milder form, men of experience and candour will admit that food does not, and cannot do all that is needful to effect a cure. Many of the cases are children, which disposes of the oft-repeated objection that the so called cures are the result of the power of the imagination.

Fourthly.—Though I have indicated the dilutions used, to shew that the remedies were used in infinitesimal doses, I wish to lay no stress upon those actually employed. This is a subject which evidently requires much further study before anything definite can be stated respecting it.

Lastly.—I shall be asked if I have not had failures? It is true that I have had some, and it would be very unreasonable to expect that it should have been otherwise. After thirty years have been spent in the old system, and now, while placed in an isolated position in the country, with no help but that which I could derive from books and an occasional letter from my friend Mr. Ramsbotham (by whose statements I was induced in the first instance to undertake the investigation), it would have been strange indeed, and almost miraculous to have succeeded in every case. But though this has not happened, the number of successful cases has been such, that my own mind is abundantly convinced of the power and efficacy of the infinitesimal doses, and of the utility of the law of *similia similibus*.

Such is the statement of facts which I have to offer; and Homœopathy desires to stand or fall as a question of fact. It

is not a theory, and therefore can neither be established nor refuted by theoretical argumentation. It is one of those subjects which are contrary to ordinary experience, in the consideration of which, it is our duty not to admit more than can be satisfactorily proved, and at the same time, not to allow ourselves to confine the powers of nature within the bounds of our own limited experience. It is a case in which theoretical reasonings are not to be put in opposition to plain facts. It is a question which can never be settled by argument. Its logic is that of facts. Nevertheless I am tempted to add one or two considerations, in the way of *reasoning from analogy*, in order to meet in some measure the difficulties which beset many minds, on the first presentation to them of the minute dose.

And, first, it is generally conceived that the preparation of the dose consists in nothing more than its subdivision into an inconceivably small quantity, in fact into *nothing*. Now this is not the case. There is a large amount of *friction* made use of in the preparation of the remedy. Does *friction* effect any thing in other cases?

It developes *Electricity*:—rub wax and woollen, or glass and silken materials together, and electrical phenomena are produced,—and that indefinitely.

It communicates *Magnetism*:—draw two magnets in opposite directions over each side of a bar of steel which is not as yet magnetic, and you convert that bar into a permanent magnet; and this may be done an indefinite number of times, to an indefinite number of fresh bars of steel, without weakening in any appreciable degree, the powers of the original magnets.

It developes *Heat*, and that also indefinitely;—so long as two hard bodies are rubbed together, heat will be extricated, or produced without exhaustion; that is, they will always become capable of producing in our bodies *the sensation* of heat. All these are *facts*. Nobody denies them. Who can explain them? And why may not *friction* have its effects *upon other modes* in which the particles of matter act upon the wonderful and inscrutable mechanism of living beings?

If a grain of arsenic be rubbed for hours with a large quantity of inert substance, such as sugar or starch, is it certainly known

to be impossible for the properties of the arsenic to be so extended or communicated, by this process, that a small portion of this powder shall be able to produce, in a milder form, some of the effects known to be caused by arsenic when taken into the body? What but experiment can decide such a question as this?

What effect has friction upon *mercury*? May not a very large quantity of quicksilver be swallowed without any effect except what arises from its weight, but when a *small quantity* has been *rubbed for a long time* with chalk, or confection of roses, does it not become a very powerful drug, under the names of "Grey Powder" and "Blue Pill?"—and what is this but the Homœopathic mode of preparation and development of properties already long practised by the old school? If it be said, yes, but in this case a chemical change is produced, and the metal is oxidised;—I reply that there is not sufficient proof of this, we are not sure that blue pill does contain a proper oxide of mercury;—but supposing it to be the case, how do we know that no chemical change, equally important, takes place in *the rubbing* of still smaller quantities of the same, or of other substances? Every substance, including even charcoal and all the metals, becomes soluble in water after the third trituration; some essential change must therefore have been produced.

I know it will be objected that there is no analogy between ponderable *matter*, and the imponderable agents electricity, magnetism, and heat. I reply that we know far too little yet, of the properties of matter, and its relation to these agents, to venture upon such an assertion. That there is some relation between them is certain, and I am inclined to believe that this development of the properties of matter by friction, will be the means of enabling us to perceive more clearly than we have yet done, the connecting link between them.

Again, how many parts are there, even in those sciences in which our knowledge is the most extended, which are as yet quite beyond our powers of understanding or accounting for? The laws of chemical action are now perhaps as well understood as any of the innumerable operations in nature; but who can

explain the action of platinum in inflaming hydrogen, or other similar effects? or the more familiar process of fermentation? What is meant by catalysis?

In vain then is it to argue upon topics about which we are so profoundly ignorant. Living, as we do, in the world of God's wonders, a more humble, and a more teachable spirit surely becomes us better; especially when the subject enquired into is one which immediately concerns the health and life of all who are most dear to us,—indeed, it may be said, of all the human family. Let us be as cautious as we can, but let our eyes be open to evidence, and our minds open to conviction.

It is indeed “appointed unto all men once to die,” and the physician may not hope, by any effort, to evade that inflexible decree; but it is often his privilege to be the means of postponing that solemn event: it must therefore be his bounden duty to enquire diligently into whatever comes legitimately before him, *professing to be the best method* by which he can communicate this benefit to mankind. Those who fearlessly and honestly discharge this duty deserve well, *and not ill*, of their fellow-creatures; but alas! “*Vetus est querela, et omnis memoriæ literis et testimoniis confirmata, veritatem in terris peregrinam agere, et inter ignotos facile inimicos et calumniatores invenire.*”

“It hath been an old complaint, and confirmed by the writings and testimonies of every age, that truth wandereth here and there as a stranger in the world, and doth readily find enemies and slanderers amongst those that know her not.”

ON TYPHILITIS AND PERITYPHILITIS.

BY DR. HOFRICHTER, of Prague.*

DURING a practice of 20 years' duration I have met with four cases of this disease. Of these, one case ended fatally; another, occurring in the person of my own child, naturally attracted my

* From the *Allg. Hom. Zeitung*, No. 9, Vol. xli.

earnest attention to the disease ; the subjects of the third and fourth were a watch-maker and a teacher. Although, in general, the nomenclature of the disease may seem a matter of little importance when the description is given true to nature, yet it is necessary for the more easy comprehension of the subject that we should use the nomenclature corresponding to the present state of science.

According to Rokitansky, the following are the abnormalities of the peritonæum : 1st. Excess or deficiency of development ; 2nd. Anomalies in the size and shape of the peritonæal sac ; 3rd. Solutions of continuity ; 4th. Abnormalities of the tissue, *a* hyperemia, *b* inflammation, *c* degenerations ; 5th. Alterations in the contents of the peritonæal sac. We miss in this enumeration the physconia, which may be considered as a spurious hypertrophy. The spurious hypertrophies are generally to be recognized at the first glance, by an alteration of the general nutrition of the organ. The most marked spurious hypertrophies frequently affect the liver, and next to it the spleen and also the kidneys, and represent what are generally comprehended under the terms hypertrophy, physconia, infarctus, &c., of the two first organs. They appear as fatty degeneration of the liver, waxy liver, albuminous and fatty infiltration of the same, and of the spleen and kidneys. They reach not unfrequently a great height, and are obviously dependent on a dyscrasic change in the general nutrition, and are painful or the reverse according as they are rapidly or slowly developed.

I doubt if, after the above description, those cases of Dr. Gauwerky, published in the *Allg. Hom. Zeitung*, under the name of *Physconia peritonæalis*, can properly be designated as such, but I feel constrained to look upon them as of the nature typhilitis and perityphilitis. I may be excused if I give here a short sketch of typhilitis.

Pathological Anatomy, from ROKITANSKY.

“ Catarrhal inflammation of the cœcal mucous membrane is remarkable on account of the frequency of its occurrence, and that form which is occasioned by habitual constipation, so called typhilitis stercoralis, is peculiarly characteristic. It chiefly

originates in sedentary habits, indigestible food, and rheumatism of the muscular coat. The symptoms are those of catarrhal inflammation generally; it runs an acute course, is subject to frequent relapses, and degenerates into the chronic form. Removal of the accumulated *fæces* and avoidance of fresh accumulations generally suffice to establish a cure. If this is not effected, ulcerative destruction of the mucous membrane and continued sinuous suppuration of the muscular coat result. In this manner rapid perforation of the intestinal parietes, and especially of the posterior side, may follow, either inducing extensive inflammation, ichorous destruction of the cellular tissue in the iliac and lumbar regions, and death; or giving rise to general peritonitis, in consequence of the destructive process passing from the right iliac region in a different direction.

“ In the chronic form, the cellular tissue at the posterior surface of the intestine condenses, and the adjoining muscular coat and the entire *cœcum* shrivel up; on cessation of the ulcerative process the *cœcum* is found converted into a slate-coloured capsule, with dense parietes of the size of a walnut or a pigeon's egg; in the place of the mucous membrane there is a sero-fibrous, retiform and trabecular tissue.

“ In reference to the *cœcum* we observe, that the inflammation of the loose, stringy cellular tissue, external to the iliac fascia, (*perityphilitis*) is of considerable importance. It is occasionally idiopathic, but more frequently metastatic; it is very dangerous, both on account of the facility with which the pus spreads, and on account of the perforation of the *cœcal* parietes which may ensue, and the consequent extravasation of intestinal contents into the seat of inflammation. The vermiform process is sometimes reduced to a mere cellular sinus of the *cœcum*; it varies in size from that of an insignificant nodule to five or six inches.

“ There are considerable variations in the position of the *cœcum*.

“ Adhesions of its free extremity may become a matter of importance by forming rings or fissures, in which the intestine is strangulated.

“ Catarrhal inflammation of the vermiform process is a disease

of common occurrence, and very dangerous on account of its consequences. It much resembles typhilitis stercoralis, and is invariably the result of fæcal matters and foreign bodies, especially small fruit stones having become lodged and hardened in it.

“The affection has a torpid character, may exist for a long period as blennorrhœa, and is accompanied by thickening of the coat of the vermiform process.

“After frequent exacerbations it passes into ulceration, which may, if the foreign body remains loose, attack the entire process, or if the former becomes fixed, affect only the point of attachment, or the end of the vermiform process. In the second case, the constant irritation at one spot, or the accumulation of ulcerative secretion and the consequent distension, induce a rapid development of the morbid process.

“Under favorable circumstances, especially if the foreign body is discharged, the ulceration terminates, and the vermiform process partially or entirely shrivels up and forms a lead or slate-coloured ligamentous appendix.

“In the opposite case the ulceration, especially when gangrene is superinduced more or less speedily, brings on perforation of the vermiform process; this may occur at various points,—sometimes at or near the termination, sometimes at the circumference, in such a manner as to cause a division into two parts. This perforation and the consequent discharge of the purulent contents into the peritonæal cavity, are not immediately followed by general peritonitis, inasmuch as the previous irritation has induced adhesions with the neighbouring peritonæal folds which render the ultimate perforation innocuous for a time, as far as regards the remainder of the peritonæum. In the interior of the circumscribed cavity the ulcerative process in the meanwhile continues, the adhesions gradually give way, and general peritonitis ensues.”

From the above we may therefore distinguish the following varieties of the disease: I. Acute inflammation of the cœcum—*typhilitis acuta*: II. Inflammation of the cellular tissue surrounding the cœcum—*peri-typhilitis*: III. Inflammation caused by the accumulation of fæces or foreign matters—

typhilitis stercoralis: IV. Chronic inflammation—*typhilitis chronica*.

I. *Acute Inflammation of the Cæcum.*

Symptoms. — 1st. Circumscribed *pain* in the right iliac region, more burning than shooting; often a simple aching, worse on pressure, more of a cutting nature and similar to the pain of an inflamed sinew; otherwise continuous. It often spreads in the course of the ascending and transverse colon when the latter is also affected; it is aggravated during the alvine evacuations, and frequently accompanied with burning or violent pain at the anus, yet not so violent as in dysentery, proctitis and colitis; not unfrequently there are also colicky pains.

2nd. Frequent stools, ten to twenty in the course of one or two days, whereby the pain diminishes; the stools are fluid, mucous, more or less bloody; when the latter the pain quickly gives way; afterwards the mucus becomes more tough and white. (It is also remarked that constipation alternates with the diarrhoea.)

3rd. Gastric symptoms corresponding to the disease of the large intestines: tongue clean; great thirst; dryness of the gullet and throat; the latter often reddened. Nausea and want of appetite; heaviness and tension of the whole abdomen; hardness in the right iliac region; after copious stools this part becomes soft, and the inflamed cœcum can be felt.

4th. Pain and numbness stretching from the right sacral region into the right thigh.

5th. Retraction of the testicles.

6th. Very severe fever; frequent (120) pulse, moderately hard but contracted; heat; skin at first dry then sweating; red hepatic urine; prostration of strength; restlessness; want of sleep.

The pure acute typhilitis is confined to the mucous coat,—hence diarrhoeas, mucous and bloody discharges; when the pain is aggravated the muscular coat is also affected.

The duration of the disease is from seven to fourteen days. The terminations are: 1st, Recovery by means of critical dis-

charges; such as stools, sweating, whitish-yellow sediment in the urine. If these do not make their appearance the inflammation passes into the chronic form with chronic diarrhoea: 2nd. Suppuration, which is not common: (ulceration attends the chronic forms:) 3rd. Gangrene does not happen except in the typhilitis stercoralis, but softening of the mucous coat may take place, especially in children: 4th. Death may take place by the extension of the inflammation over the small intestines and consequent increase of the fever, prostration of strength, and finally suppuration, softening and gangrene.

Causes.—1st. The use of very sour and acrid articles of diet, and of new wine: 2nd. Cold and the suppression of the cutaneous and pulmonary transpiration.

Differential diagnosis.—1st. From inflammation of the colon. In typhilitis the pain is confined to the right cœcal region: in colitis it stretches across the belly. Colicky pains attend both, but in typhilitis they begin in the right iliac region, while in colitis they begin in the middle of the belly and spread in all directions. In typhilitis the burning pain at the anus is not so violent as in colitis. In colitis the numbness of the right thigh and the retraction of the testicle are wanting. In the same way typhilitis may be distinguished from dysentery.

2nd. From inflammation of the ileum. In this affection there is loaded tongue and prominence of the gastric symptoms, while in typhilitis bloody stools are more marked. The pain in enteritis is in the region of the navel, in typhilitis it is in the right iliac region; it is increased to a much greater degree by the taking of food in enteritis. In typhilitis there is often inflammation of the right kidney, and thence diminution of urine.

3rd. From nephritis. The seat of the pain in the sacral and lumbar region; bloody urine. In typhilitis pain and swelling in the iliac region; diarrhoea.

II. *Inflammation of the Cellular Tissue surrounding the Cæcum.—Perityphilitis.*

The disease begins suddenly after cold, or a diarrhoea, or swallowing cold drinks when the body is warm.

Symptoms.—1st. The pain, which apparently begins either in

the middle of the belly, or at once fixes on the right iliac region, is in the first case pinching like a slight colic; in the second, very violent, so that the slightest touch is insupportable. The decubitus is at first drawn up on the left side and then on the back. The pain mostly occupies only the space of a hand-breadth, but not unfrequently spreads over the greater part of the anterior wall of the abdomen, or even extends to the spine, and therefore resembles peritonitis, or psoitis, or nephritis; or stretches upwards into the right hypochondrium, or downwards to the hypogastrium, and at the same time the abdomen is tender everywhere on pressure. Nevertheless the pain is always concentrated in the right iliac region, whenever the inflammation is distinctly developed, or suppuration or perforation of the gut have taken place. The pain is increased by every motion, flatulence, tension, pressure, and deep inspiration.

2nd. Tension and hardness in the right iliac region, with swelling: hence the resemblance to peritonitis; yet the hardness in perityphilitis begins in the right iliac region, and spreads from there hardly over the linea alba; while in peritonitis it extends over the whole anterior wall of the abdomen.

3rd. Constipation, or also at first slight diarrhoea after cold or hurtful ingesta. The constipation is exceedingly obstinate, owing to the inflammation of the neighbouring muscular coat of the cœcum and the pressure of the swelling on the adjoining parts of the small and large intestines.

4th. Numbness and pain of the right thigh, only much more violent than in typhilitis, on account of the extension of the inflammation over the iliacus internus and psoas muscles as far as the kidney; the pain in the sacrum and thigh is similar to that of lumbago, except that it is not increased by turning the thigh.

5th. The gastric disorders, thickly furred tongue, loss of appetite, thirst, nausea. Frequently at the last, violent vomiting, with colicky pains and inflammatory ileus supervene.

6th. Urinary disorders. Discharge of red turbid urine, with pains in the urethra in consequence of the action of the inflammation on the kidneys.

7th. Inflammatory fever, dry skin, no shivering, merely

coldness and wandering pains. (Yet there is much variety on this head.)

The duration from one or two weeks to a year (the last indeed very seldom).

The terminations.—In *resolution* under the usual conditions. In *suppuration* widely spread, and passing on to perforation of the vermiform process or the body of the cœcum. In this case the phenomena are violent pains and continued constipation, then remission of all the symptoms for two or three days, and at last sudden aggravation of them, sinking of the vital powers, purulent diarrhœa and speedy death. The perforation may happen in the vermiform process, or the cœcum, or both the cœcum and abdominal wall, forming an *anus vicarius*, or the wall of the abdomen alone, with evacuation of the pus externally; in rare cases the pus penetrates into the cavity of the chest. In *gangrene* only as a sequel of typhilitis stercoralis. In *death* in consequence of the suppuration. The dissection displays a large abscess in the neighbourhood of the cœcum and between the individual muscles, between the abdominal muscles, the pelvic and lumbar muscles, descent of the pus, and perforation outwards as in psoas abscess. Ulcerative destruction of the cœcum, the ileum, and the colon; and at times also of the kidneys. *Causes*: those most predisposed are boys, youths, and young men. The exciting causes are cold (?), indigestible food (?), but by far the most frequent is metastasis. *Differential diagnosis*: from typhilitis acuta by the continued constipation, the hard swelling, the disturbed secretion of urine, the pains spreading to the sacrum and thigh. From the other abdominal affections it is distinguished by the same signs as the typhilitis acuta.

III. *Typhilitis stercoralis.*

Symptoms.—First period: alvine evacuation scanty, fæces dry, belly distended, flatulence; appetite at times normal, at others increased, and at others again diminished; feeling of fulness and tension in the gradually more and more distended abdomen. Frequent griping above the navel. Sweating on the least exertion and during sleep. Restlessness and sensitive-

ness to cold. Easily fatigued and unable for continued labour. An earthy, pale, gastric tint of the skin, especially of the face. These symptoms come on gradually, and at last reach the
Period of the fully developed symptoms.

1st. The gastric complexion: pale face, a yellowish shade in the folds at the nose and round the mouth; the eyes surrounded with a bluish green circle; the fulness of the face diminished, and the brilliancy of the skin gone, a shy and weary wandering look of the eyes; the patient is full of care, sad and depressed; the hands cold, and the feet sweat copiously.

2nd. A continued restlessness will not allow the patient to carry out any business with perseverance or pleasure, hinders his falling asleep, and disturbs the sleep with fearful dreams; it is worse in the morning, like all the symptoms of this disease. At the last there is complete loss of sleep.

3rd. The abdomen is distended and tense and hard, especially in the right iliac region; in children the belly is, as is said, hard as a board. The swelling in the right iliac region can be moved more sideways than upwards or downwards. Gentle rubbing in this region at first disperses the whole swelling, but not after the disease has lasted some time. Pressure on the swelling is at times painful, but generally not. In the left iliac region may be felt the descending colon filled with a hardened mass.

4th. Dull sound on percussion in the right iliac region.

5th. The evacuations take place only every three or four days, scanty, and quite out of proportion to the quantity eaten. The fæces are viscid, very brown, at times pulpy, and at others knotty (like goats' dung). The appetite is normal, only occasionally disturbed; and then there is acidity, eructations, headaches and pappy taste. Turbid and saturated urine. Increased flow of saliva, and secretion of the nasal and oral mucus.

6th. Numbness in the right thigh and lumbar region.

These symptoms, which often last a long time, are accompanied by itching of the skin and eruptions and sweating of the feet. The disease often ends in a gastric fever, during which enormous masses of fæces are evacuated. But the disease easily relapses, and inflammation is the consequence. It may

be described as the *Second period*: the flatulence and the tension now increase, the sleeplessness and the other symptoms continue. The inflammation affords the following symptoms:—

1st. The pain is circumscribed in the right iliac region, so that at first it may be covered with the finger, then it spreads and takes in that whole region as far as the navel; it is burning, increased on pressure, then it becomes shooting, yet never very violent, increased by lying on either side or standing; lying on the back is easiest. If the disease is left to itself, the pain spreads over the whole cavity of the abdomen. Not unfrequently there is a colicky griping. This spreading of the pain is produced by inflammation of the mucous membrane of the small intestines. The superficial shooting pain which comes on at a later period is produced by the peritonæum taking part in the inflammation. Finally, the cellular tissue surrounding the cœcum also inflames and changes the pain and the course of the phenomena of the disease. This extension of the inflammation alters the prognosis and the terminations of the disease.

2nd. As the inflammation proceeds, the tension and stretching of the right iliac region increases. This region becomes uneven, a hard swelling is distinctly to be felt, but no longer moveable; it is distended; the natural depression at the ileum while lying on the back disappears; an uniform tension spreads from the right iliac region over the whole abdomen; by careful percussion a tympanitic sound is elicited. When there has been no stool for seven or eight days, there is distension and hardness of the whole abdomen, while at the same time the convolutions of the ileum can be felt through and appear moveable under the fingers.

3rd. The gastric symptoms: want of appetite, nausea, eructations increased from the want of alvine evacuations; tongue furred. The coating of the tongue now becomes thicker as the nausea increases to vomiting and even faecal vomiting. There is also oppression of the chest and difficulty of breathing. Continued hiccup comes on, and only remits before return of the natural evacuation of the bowels.

4th. The evacuation of the bowels is quite wanting, or merely a few hard lumps covered with mucus are passed, which were

contained in the bowel for some time before. On the remission of the inflammation, fluid stools make their appearance.

5th. The general symptoms: gastric fever, frequent hard pulse, thirst for cold water, increased heat, red cheeks; restlessness, anxiety, ill-humour; red, turbid urine; weakness and weariness.

6th. Painful numbness in the right thigh and the pelvis, on account of the pressure on the iliacus internus muscle. The right kidney suffers often in the same manner. After the disease has lasted some time, ileus is the consequence.

The duration of the disease is from six or ten to twenty-eight days.

The terminations are: in *resolution*, if in the first stage, by copious diarrhoea, which continues for weeks; the same in the second stage, brought about by the aid of art. Yet there remain for long, flatulence, irregular bowels, thirst and disordered digestion. In *suppuration* of the cellular tissue surrounding the cœcum, with formation of an abscess and evacuation of the pus outwardly, with at the same time loose stools. If the abscess breaks inwardly into the intestine, speedy death is the consequence. In *gangrene*: in this case there is violent pains, continued desire to stool, vomiting, spasmodic pains in the belly, which is distended, hard, and painful to touch, delirium, sopor, and death. On dissection, destruction of the cœcum is found. The vicarious anus is produced either by suppuration, gangrene or softening, and consequent perforation of the cœcum. The other terminations may be in enteritis, orchymenitis, peritonitis, ileus, &c., and finally death.

Without writing a voluminous treatise on the treatment of the above diseases, for which indeed the homœopathic literature scarcely affords any materials, I will endeavour to describe here several cases, unfortunately chiefly from memory. Slight and apparently unimportant cases attract little attention at first, and seem hardly worth the trouble of writing down; but when they reach a dangerous height and character, then we are more occupied with the difficulties of the treatment than writing out the manifold symptoms in a clear manner from day to day. At

any rate it has often happened thus with me; in an hospital it would no doubt be otherwise.

The first case was that of an infant born in October 1837. It was a healthy, well nourished infant, but on the second day of its life was attacked with erysipelas neonatorum. Aconite and Belladonna apparently relieved the illness, but in consequence of the anxiety of the mother she could not suckle it, and a nurse had to be got; but the fever again increased, and the bowels did not act, the urine became dark brown, the ingesta were vomited, &c., and the infant wasted away. In the course of a week or two a swelling was detected in the right iliac region, the size of a crown-piece; the gastric symptoms increased, and the tongue and walls of the mouth were loaded with a deposit like curdled milk, which could not be wiped away (diphtheritis); there was great thirst, vomiting of all ingesta and even fæculent vomiting, and complete absence of stools. The hard spot spread more and more towards the navel, and there was great general fever, and the infant whined pitifully day and night. Finally convulsions came on, and the infant was unable to take any nourishment, and every one considered death a desirable release from its sufferings. The chief medicine given was Mercury, and during the night of the fits Opium was also given; warm cataplasms were applied to the belly. Towards morning the infant seemed easier, and seemed to desire food and took milk, and in the course of the day a yellow stool was passed, and the swelling became softer and fluctuating, and ultimately burst into places discharging a considerable quantity of pus, and at last fæces. An artificial anus was thus formed; but the above morbid symptoms gradually diminished, the natural action of the bowels was restored, the opening gradually diminished in size, and in the course of two months it was completely cicatrized, leaving a perceptible depression in the right iliac region.

The second case assumed the chronic form, and occurred in the person of a poor sadler, during the year 1839. The patient dragged himself with much difficulty into the consulting room, and complained of a painful swelling which could be easily felt in the right iliac region, and caused him to walk lame and bent

forwards, as it hindered him from straightening the thigh, though not from rotating it. The spot at the same time was hard, and felt hot to the touch, and there were also present constipation of the bowels and the well-known gastric disorders. I have frequently treated a hot, elastic, red swelling of the muscles, for example in the calf of the leg, and found that *Bryonia* was the proper remedy. Without having recognized the real nature of the disease in this case, I ordered the patient to bed, and prescribed warm poultices to the abdomen and *Bryonia* internally. In a short time the patient was so much relieved that he came again to the consulting room. On examination of the spot, the swelling was found to be smaller, of normal heat, soft and not troubling him in walking; the appearance of the patient was better, his appetite had returned, and the bowels acted several times in the day with great relief. Unluckily he now undertook some work, and in drawing a carriage out of the coachhouse he felt a wrench in the diseased spot, and thereupon was hardly able to drag himself home. He continued the medicine as above, but without relief, for several days, and when at last I heard of it, and visited him in his wretched dwelling, which was everywhere unable to keep out the cold wind, the swelling had burst outward and inwards, the edges were dirty pale, eaten out, and flabby; and a dirty, fetid, thin sanies oozed out, while the stools were diarrhoeal, purulent and bloody. The pain, which was at first burning, subsided, and the patient gradually sunk, with cold extremities, cold sweats and coma. With the comforts and attendance of an hospital he might probably have recovered.

In December of the same year, 1839, I was visited by an old patient, who complained of a burning, shooting pain in the right iliac region, in a spot as he thought no bigger than a four-penny piece, so that he could cover it with the point of the finger; from this point the pain radiated in all directions. As he had no comfortable home I gave him *Aconite* 1, and recommended him if he was not better next morning to go into the hospital. At that time I was attending the pathological lectures, and was not a little astonished to see the body of this same man on the dissecting table on the 5th day. The physi-

cians differed in opinion respecting the diagnosis, as the course had been so rapid and the abdomen was little distended. On relating what I had seen of the patient, Dr. Bochdalck diagnosed perforation of the intestine, and the dissection confirmed this opinion. The perforated spot at the commencement of the ascending colon was so small that it only admitted a probe. In the peritoneal cavity were found the usual appearances following the escape of the intestinal contents.

The next case was that of a tinsmith. The patient was stout, of short stature, and much given to beer drinking; in fact he traced his disease himself to a draught of ice-cold beer. He had a swelling larger than a crown-piece between the navel and the ant. inf. spinous process of the ilium; it was painful to pressure, nearly solid, hot and red and hard, and hindered his lying in any position except on the back with the right thigh drawn up. There was also present inflammatory fever; red face, thirst, want of appetite, red dry tongue, constipation, and red urine. Aconite and Bryonia gave no relief, but Merc. 2, was more successful, with at the same time cataplasms and frictions with warm oil. The swelling spread towards the periphery, reached the navel, and in the course of fourteen days softened, fluctuated and burst at the navel, and pus was discharged. Along with the flow of healthy pus which continued fourteen days, all the other symptoms were mitigated, and natural soft stools made their appearance, and finally at the end of four weeks the patient was so well that he took again to his favourite employment, namely, beer drinking. Was this perityphilitis? I think it cannot be doubted.

In the winter of 1847, I was called to a shoemaker who had been treated for some time for a supposed hernia, and when better one Sunday played at billiards. This brought on so much pain that he was confined to bed next day. I found a swelling the size of a hen's egg in the right iliac region, painful and pretty hard; hot; moveable sideways, hindering the stretching out of the right thigh, which was therefore kept in a bent position. There was constipation, dark urine, pale countenance, want of appetite, moderate thirst and fever. Mercury in the 2nd trituration was given several times a day, and warm poultices

applied, frictions with warm oil employed. Under the use of these means the swelling was dispersed and the patient got well in fourteen days, contrary to my expectations, as in such a cachectic subject I had anticipated suppuration and its consequences.

The last case was that of an esteemed teacher, whose illness gave me much anxiety. He had just recovered from a dangerous inflammation of the eyes, to an affection of which he had been subject from his youth, and on account of the still remaining irritability and photophobia he could not work. It was said to have been an arthritic inflammation of the eyes. After he had suffered for several days from violent pains in the abdomen, which always came on towards evening, and were accompanied with a febrile paroxysm, the pain became fixed in the right iliac region, and there appeared an elongated swelling the size of a hen's egg, which was excessively tender to the touch; at first appeared elastic, but in the course of the disease became very hard; the environs were hot; the pains extended to the right thigh, into the small of the back and the right lumbar region. He complained of a burning and tearing pain; his head was confused and hot, and he was slightly delirious during the febrile exacerbations; the lips were dry; the tongue was whitish, yellow coated; pasty taste; want of appetite; thirst; continued and obstinate constipation, in spite of repeated clysters. I need scarcely remark that during the arthritic ophthalmia drastic purgatives had been unsparingly used. (I gave it as my opinion that the repeated use of the clyster was superfluous; but the friends would try to procure a stool, as they felt sure it must make him better, and would not comprehend my explanation that the stools would follow as soon as the disease was checked, and not till then.) The urine was thick and frothy; the pulse was 112 and upwards; the body was hot, but at the same time perspiring. Aconite and Mercurius 2nd trit. were given during fourteen days; at times other medicines were interposed as particular symptoms were troublesome or caused anxiety, but I always came back again to the Mercurius as the chief remedy. In the first eight days the swelling reached the size of the fist, and appeared to embrace the cœcum and ascending colon; it became

hard and immoveable, and from it darted burning, tearing pains in all directions ; at the same time there appeared inclination to vomit and dry retching, and ineffectual desire to stool, and evening paroxysms of fear, with great restlessness. These symptoms diminished in the second week, and the swelling began to grow smaller and soon permitted a thorough examination, which allowed the prognosis of a speedy resolution and recovery. But in spite of these favourable appearances, without my knowledge, an allopathic colleague was called in, who honourably declared that the disease was checked and the swelling in progress of being dispersed. The recovery was accompanied by diarrhoeal stools, at first mucous, then fæculent, and by thick mucous sediment in the urine.

This case I would be inclined to look upon as one of metastatic deposit in the cellular tissue surrounding the cœcum.

THE PERSECUTION OF THE HOMŒOPATHISTS.

PROFESSOR HENDERSON'S LETTER TO THE PATRONS OF THE UNIVERSITY OF EDINBURGH. W. P. Kennedy, Edinburgh ; D. Bryce, Glasgow ; Hamilton, Adams & Co., London.

NEW TEST ACT ; by AN ALUMNUS. James Hogg, Edinburgh.

LETTER TO PROFESSOR J. Y. SIMPSON, by WM. MACLEOD, M.D., F.R.C.P.E. H. Baillière, London.

THE EDINBURGH MONTHLY JOURNAL OF MEDICAL SCIENCE.—THE LANCET.—THE MEDICAL TIMES.—THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

“ There is a tide in the affairs of men ”—and the homœopathists of Great Britain are now thought worthy of a little persecution. We believe this to be a very wholesome discipline for those who are engaged in the propagation of this real medical reform. The wonder which was at first felt and expressed was succeeded by contempt, and this has now given place to virulence and perse-

cution. We have no doubt whatever that this will redound to the advantage of the Cause, and of those who maintain it. The public will be assured that there must be something in that which is persecuted, medical men will become inquirers, and the present homœopathists will see the necessity for union.

The weekly medical press, the *Lancet*, the *Medical Times*, and the *Provincial Medical and Surgical Journal*, especially, have commenced fierce war with homœopathy and homœopathists. A short time ago it suited their convenience to ignore this mode of medical practice, or to declare it extinct. But now their tune is changed: their subscribers are awakened to a sense of our progress, and they feel themselves constrained to acknowledge the existence of homœopathy, and to denounce its successful march.

One of these weekly periodicals has threatened with public exposure every allopathic practitioner who may consult with a homœopathist, and has declared that every such consultation is a degrading and infamous act.

Three out of fourteen corporate bodies, that confer diplomas of medicine and surgery, have authoritatively pronounced that they will not receive any who have any leaning to homœopathy. The Royal College of Physicians of Edinburgh has published a hostile manifesto.

The names of distinguished non-professional men, who favour homœopathy, have been unceremoniously and uncourteously published, in the way of branding them for weakness and folly, and with a view to prevent others from making trial of the "medicine of experience."

It is now proposed to exclude the names of the homœopathists from the *Medical Directory*.

The hostile medical press is endeavouring to frighten all the diploma-conferring Colleges and Universities into withholding their diplomas from those who may be disposed to inquire into homœopathy, and is further urging them to expunge the names of homœopathists from their lists of Fellows and Members.

The habits of the Inquisition are recommended to the medical Authorities who preside over these corporate bodies.

Fool, knave, impostor, quack, marauder, and renegade, are

the gentle terms applied to those who thought it their duty to inquire into the doctrine of Hahnemann, and having been convinced, think it their duty to practise according to their conviction. In this land of freedom, liberty of conscience in therapeutics is denounced as devilry; and every weapon, except those of argument and reason, is called into requisition for the putting down of the wilful homœopathists, who, like the English at Waterloo, will not know when they are beaten.

This, then, is a very pretty case of attempted persecution; peradventure the full reality will follow on the attempt; the remaining medical corporations may follow the example of the three northern Universities; and those who continue to exercise their conscience in this matter may have some yet unheard-of pains and penalties provided for them by the ingenuity and malice of their enemies.

But we live in the nineteenth century, and in Britain, and we have an unshaken confidence in the good sense of our countrymen, and in their love of fair play. History, moreover, teaches us that the best way to promote a reform is to persecute it. We are therefore nothing daunted by the decrees of the two Scotch Universities, nor by the manifesto of the Edinburgh College of Physicians, nor by the Resolutions of the *Provincial Medical and Surgical Association*, nor by the weekly assaults of the hostile Press, nor by the quips of *Punch*, nor by the satire of the *Times*.

These powerful engines would have been scarcely brought into play against a nonentity; the progress of our Cause must have been great, to excite such demonstrations; that system of medicine which one writer has declared to take its date from the time of the Creation, must be felt to be in danger, or such giant forces would not have been called into the field. But why should that system, traced back to antediluvian ages, be endangered by homœopathy, if this be but a passing fashion of quackery? As we have no records of what was medicine before the deluge, we can give no opinion; and as the oldest medical writings we possess were indited nearly 2000 years after the deluge, we have no materials for forming a judgment of what medicine was in that interval. We leave this discussion to our learned opponents.

We acknowledge the antiquity of allopathy, but we do not see why, because of its antiquity, it should not give place to a new development of therapeutics.

We presume there is no reason why it should be unlawful to use the electric telegraph for our messages, or gas for our streets, or the railway for our travelling, or steam-ships for our voyages, or Davy's safety-lamp for our mines, or Liebig's chemistry for our fields—because these things are much younger than homœopathy, as enunciated by Hahnemann—for the law and the principles have been alway in Nature, and only awaited the hour and the man, to be made known to mankind.

The homœopathists are now being persecuted for conscience-sake. This is a high privilege, and should be received with a becoming spirit of thankfulness and patience, and hope, and energy. That we are yet few in this country is true, but we are in sufficient number for this contest.

“ The fewer men, the greater share of honour—
Let him, who hath no stomach to this fight,
Depart from us : but we shall be remembered,
We few, we happy few, we band of brothers—”

Ay! there's the rub : we lack this spirit of brotherhood, this close union—but we believe our adversaries will do us this great good, that they will effect this union for us.

In the year 1841 there were some ten practitioners of homœopathy in the three kingdoms ; in the year 1851, there are about two hundred open and avowed homœopathists ; in the year 1861, we may confidently predict there will be at least a thousand—perhaps double that number : but the *few* who now fight this battle will be held in grateful remembrance, and their posterity will not willingly let their names die.

To descend from generals to particulars. Three individuals are at present undergoing persecution, because they are homœopathists : an illustrious professor in an illustrious University, a physician whose diploma has been demanded back, and a meritorious pupil whose diploma has been wickedly withheld ; and singularly enough, these three *martyrs*, or witnesses for homœopathy, are representatives of the three kingdoms : the professor is a Scot, the physician is an Irishman, the pupil is an English-

man. We thus have a *martyr-trefoil* to grace the persecution of the homœopathists. With respect to the professor, he is a giant—and can scatter off the pitiful and puny darts of his opponents “like dew-drops from a Lion’s mane.” We shall presently enter into his case.

The physician travelled from Norwich to St. Andrew’s, to obtain his diploma of medicine. We know him to be a gentleman in every sense of the word, he is what the Greeks called *καλονάγαθος*, what we should call a Christian gentleman—an emphatic word. He is acceptable to and accepted by the examiners; he travels back to Norwich with his diploma. He meets in that old city, of many memories, with one of the Editors of the *Provincial Medical and Surgical Journal*. “I hear you have been to St. Andrew’s, and got a diploma there,” said the Editor. “Yes,” said the gentleman. “How could you, as a homœopath, answer the questions on therapeutics?” asked the Editor. “I answered impersonally,” said the gentleman. “I felt myself at full liberty to do so.” “Oh!” said the Editor. The gentleman is forthwith denounced in the *Lancet*, and in the *Provincial Medical and Surgical Journal*, and the Dey, not of Algiers, but of St. Andrew’s, writes to ask if he is a homœopathist, and if he is one, demands back his diploma—which he refuses to return. Vast is the virtuous horror of the allopaths at this want of candour and of honesty, as they allege, of the new-made physician. Far be it from us to justify even by a million of examples any evasion—or the *suppressio veri*, but it unfortunately happens, as society is constituted, that this is of daily occurrence before all examining persons or boards.

At the head of one of the papers were words to this effect: “The Examiners expect that in the answers to the practical questions, every candidate will specify the mode of treatment he is in the habit of adopting, and the doses of medicines he prescribes.” This has been since said to have been a trap purposely laid for any stray homœopathist. A very unworthy trap, if it was meant to be such. But many expectations are vain: much is often expected, that is never conceded. We believe it would have been better and wiser for our colleague to have answered

directly in his own person, and to have boldly avowed his homœopathy. But he had travelled far for his diploma ; he thought he might do conscientiously what has been done often and is done often by candidates for Ordination in the Established Church of England, answer impersonally and generally, and consider himself for the nonce a respondent to an irresponsible allopathic board of Examiners. His offence is that he is a homœopathist ; the charge against him is that he obtained his diploma fraudulently.

The late Sir Everard Home had a crotchet about the description of the *duodenum*. If a candidate for the diploma of the College of Surgeons was examined by him, and he humoured the Examiner's crotchet (if he knew his person), he had an easy time of it ; if he did not humour the crotchet, he had a very rough handling, and ran no small risk of being *plucked*. The present President of that College could, no doubt, confirm this tradition of the schools.

Every one knows that there are unhappily divisions in the Mother Church of England, that there are different parties, that examining Chaplains have their crotchets too, and that the candidates square their answers accordingly. We mention these things by way of illustration. The physician is *ostracised* by his medical brethren really because he is a homœopathist, but professedly because he obtained his diploma unfairly ; and secondly, because when the Senatus demanded the return of his diploma, as having been obtained "by the practice of a deception," he declined to return, and still retains it. We know right well that our colleague is acquitted in his own conscience, and every man must judge for himself. "Once a doctor, always a doctor," the University of St. Andrew's cannot *undoctor* him ; the *capping* over, the hand shaken, the congratulation rendered, the thing is irremediable. But what are we to think of an University that would lay such a trap, if it was meant as one ? Why is not the Dean of Faculty instructed to write to those who propose themselves as candidates, and tell them fairly that no homœopathists will be admitted as candidates ? We trust that the Universities of Edinburgh and St. Andrew's, if they persist in this determination to exclude homœopathists, will nail their

colours to the mast. We fear not their enmity ; but we remember something of their histories, which makes us surprised that they have not learned something from the *past*. It would give us unfeigned satisfaction to know that their Medical Faculties had learned to be tolerant and wise. Meanwhile Dr. Hale, formerly of Norwich, now of Hastings, may go on his way rejoicing.

Let us now touch on the case of the pupil, who passed his examinations most creditably and was then refused his diploma, because he would not refuse to inquire into homœopathy. We may here mention a significant fact—one of the Edinburgh graduates of this year is now engaged in the study of homœopathy, and five or six others are about to inquire into it, with a firm determination to practise it, if they are convinced of its truth. Such are evermore the fruits of persecution. The University loses one graduate, homœopathy retains him, and wins six or seven more in addition.

The poetaster Milburn (we think that was the name) was called by Johnson the fairest of critics, because in criticising Dryden's translation of Virgil he translated some passages himself, and compared them with the poet's version. The Medical Faculty of Edinburgh must acknowledge we interpret their conduct fairly, for we give the version of Mr. Pope's case from their own organ, the *Edinburgh Monthly Journal of Medical Science*. August, pp. 196-7.

“ Mr. Alfred Crosbie Pope having appeared before the second division of Examiners of the Medical Faculty in the middle of June, underwent the usual written examination on the practical branches of medicine and surgery, and was afterwards subjected to an oral examination on the same subjects. He had satisfied several of the examiners ; but his surgical knowledge was evidently defective.

“ While under examination in midwifery, he was asked what doses of Calomel, Opium, Tartar emetic, and Aloïn he would give in certain diseases (supposing he treated the cases allopathically, being of course understood). In reply he stated correctly the doses usually given in medical practice, and when asked whether these were the doses which he himself would prescribe, he replied that they were (supposing his treatment to be allopathic). He then underwent an

examination on *Materia Medica*, the professors of that branch and of clinical surgery being present. *His replies were satisfactory enough.* The only objection of any moment, indeed, being that his doses of medicine were somewhat large. The Faculty having been furnished with positive information that Mr. Pope had avowed his purpose to become a homœopathic practitioner after graduating, it was determined that he should have an opportunity of answering the charge. The question was put to him by Dr. Christison, and the following are the very words of the conversation that ensued. ‘Well, Mr. Pope, *I am satisfied so far with your answers*, but there is another point on which I wish to be informed, and as it is better not to beat about the bush I shall put to you a plain question, in order that I may get a downright answer. I am told by a colleague that he has been informed on good authority that it is your intention to become a homœopathist after you graduate; *after the answers you have this day given me* I feel bound to say I do not believe it. Am I right?’ To which Mr. Pope replied: ‘I am not now a homœopathist, but after graduation I mean to inquire into the truth of it.’ Professor Syme then remarked: ‘Now, Mr. Pope, suppose this inquiry which you meditate were to confirm your belief in the truth of homœopathy, what would you do with the diploma received from us, would you burn it, or return it?’ ‘No,’ replied he, ‘I would keep it.’ ‘For what purpose?’ ‘To shew that I had studied regularly.’ ‘Studied what? delusions? fallacies! nonsense! It would only shew you had mis-spent four or five years in studying what could not possibly be of any service, according to your own views; and I am sure upon reflection you would see how inconsistent it would be with common honesty or common sense to use a diploma, after ceasing to entertain the principles which were professed in order to obtain it. But recollect, Mr. Pope, I offer this remark to you as a friend, not as a professor.’ Mr. Pope then withdrew, and in what remained of his examination he made a satisfactory appearance, except in medical jurisprudence, in which, as in surgery, he was defective. The case being a new one, it was referred to the whole Medical Faculty for decision. Of the 13 members, 11 were present. After considering the whole circumstances, the Faculty unanimously resolved; ‘That serious doubts are entertained as to Mr. Pope’s principles of practice, and that on this account, as well as his insufficiency on some subjects of examination, he shall be remitted to the end of July, by which time he will have had *ample opportunity of making the inquiry*

into the truth of homœopathy, which he says he contemplates. This resolution, which admitted of his graduating this year, in the event of his satisfying the Medical Faculty, was communicated to him in conversation by the Dean. Mr. Pope withdrew at once from the list of candidates."

Such is the apology of the Medical Faculty of Edinburgh for their iniquitous treatment of Mr. Pope. The spirit of Ignatius Loyola, without his earnest faith in his mission, seems to have characterised this body on this occasion. It is avowed that Mr. Pope was remitted to give him time to stultify his conscience. His alleged deficiencies in surgery and medical jurisprudence are obviously make-weights, introduced to make a false show of justice. The young man passed an excellent examination on their own showing; it will be obvious to all dispassionate persons that his diploma was withheld on account of his declared intention to inquire into the truth of homœopathy.

The idea of putting down homœopathy by this sort of "Star-chambering" is most preposterous. The whole proceeding reminds us of the worst days of the unhappy Stewarts.

" Ah Jamie Syme, ah Jamie Syme,
Think, oh think upon the time,
When thou, too, wert an earnest youth,
In quest of science and of truth;
Ere Bigotry's polluting fingers
Had smirched the mind, where haply lingers
The happier dream of Auld Lang Syne,
When thou wert Silvia's Valentine."

The proceeding of the Inquisitor was a nice specimen of bribery and corruption. "Young man," might the exhortation be translated, "you have devoted four or five years to the study of medicine. You shall have your diploma; if you renounce and denounce this pestilent heresy, which is as a stink in our nostrils, we cannot bear this homœopathy. We, the Medical Faculty of Edinburgh, will put it down. Think, sir, upon your parents and friends, on your narrow means, on having your prospects in life blighted by your folly in pretending to have a conscience. We do very well without any, as you see; we condemn a system we have never inquired into. Why should you be more squeamish than we are? Now, be a good fellow, listen to good advice,

put your conscience in your pocket. Come back in six weeks, and tell us you will have nothing to do with homœopathy, and you will find your diploma ready—and all will go well with you." But Mr. Pope persisted that he had a conscience, and withdrew at once from the list of candidates.

We next touch on the case of the Professor.—

"Nomina si nescis, perit et cognitio rerum"—

the adhesion of Professor Henderson was an era in the onward progress of homœopathy. He was the first professor in Great Britain that dared to investigate the claims of homœopathy—the first to acknowledge, and the first to practise it. He remains the only medical professor of any British University that has had the simple honesty to investigate the doctrine before he condemned it. This is of itself a high honour; and when we add to this, that he is a man of first-rate powers of mind and of admirable attainments, not only in the pathological department, but in many fields of human knowledge—that he is one of those who look to the Great Unseen Arbiter, the *Demiurgos*, as set forth in Revelation—and that the man of science is in him reconciled with the humble but trustful believer in Christianity—we need say no more of his claims for respectful consideration on any subject into which he has carefully inquired, and on which he has pronounced a decided opinion. The professor resigned his appointment of physician to the Edinburgh Infirmary. We think he did wrong. Like the old Roman, he should have gone into his barrel of nails; but we know that he did what he thought was befitting. He retains his professorship. The antagonist clique have tried to cajole him, and latterly to bully him into a resignation of his chair. The idea of bullying Henderson is very much like the folly of an unarmed traveller pulling a Numidia lion by the beard. The cajoling was passed by—the intimidation has been quashed by a few simple words. The Royal College of Physicians of Edinburgh has not been allowed to disgrace itself by causing the withdrawal of one of its distinguished fellows. The medical faculty must still be honoured by having his name associated therewith. It is an honour they unwillingly bear—the poor

men cannot help themselves. It is in vain that their devices have been wrought, like the tiny feet Suckling described, which

“Underneath her petticoat,
Like little mice peeped in and out”—

they have in vain adopted “resolutions.” The professor will not resign—they cannot turn him out: the town council laughs them to scorn; the *senatus* of the University turns a deaf ear to them. “Nemo me impune lascessit”—“Scratch me, and I will give you the itch.” This Scottish motto is verified in this case. The College of Physicians and the medical faculty of Edinburgh have got themselves into a mess.

“Not poppy, nor mandragora,
Nor all the drowsy syrups of the world,
Shall ever medicine them to that sweet sleep”

which they enjoyed before they meddled with homœopathy. The itch of meddling remains—but the itch only stings the persecutors. In that ancient city, again and again, age after age, the voice of psalmody has been heard; there the hymns of faith, the pæans of victory, the songs of deserved loyalty, the glorious iambics of freedom, have evermore resounded. Not there shall the wretched bigotry of a few medical magnates prevail. It was there Black first propounded the doctrine of latent caloric; it was there Watt first imagined the practical application of that doctrine which has changed the character of the intercourse of nations. Such a doctrine is homœopathy, latent to the purblind sense of the teachers, but defended and applied to practice by one of them—to change the character of therapeutics all over the world. The genius of Hahnemann has set in motion thousands of active spirits; wheels within wheels, they run up and down the surface of the earth; endued with vitality, they impart it to others, and this benign discovery of our Founder is prevailing and must prevail to the utmost limits of the globe. Like that latent caloric to which we have alluded, it has always existed in nature—as a law. It is now made known, and can never be driven back into the dreary caves of Oblivion.

On the 24th of June last, the medical faculty of Edinburgh,

in a meeting at which ten out of thirteen members were present, passed the two following resolutions unanimously:

1. "That the public profession of Homœopathy by the Professor of General Pathology, is inconsistent with the efficient discharge of the various duties which belong to that Chair, and is calculated to injure the University as a Medical School.
2. "That the Senatus Academicus be requested to transmit a copy of this Resolution to the patrons of the University, together with the expression of a hope, on the part of the Medical Faculty, that some steps may be taken to avert the danger thus threatened to the University."

The morality of these *famous* Resolutions is on a par with the liberality. It is the public profession, the open avowal, that is found fault with. As Professor Simpson has mesmeric soirées, and he is one of their champions, and his holding them is sufficiently notorious, why does not the Medical Faculty pass a similar resolution in his case? As Professor Gregory has written a book in favour of Mesmerism, has given illustrations and cases, and has even entertained the transcendentalism of the Mesmerists, why has not the Medical Faculty passed a similar resolution in his case? Where will be the end of this folly? This egregious Faculty condemns one Professor for avowing his conviction of the truth of one heretical dogma, and takes no notice of two other Professors who no less openly avow their conviction of the truth of another heretical dogma.

Again, it is the open avowal of homœopathy that causes their *dander to rise* against Professor Henderson. Had he practised it *in secret*, like a quack, this virtuous Faculty would have been well content, it appears. We protest that we cannot find words to express fitly our scorn for this cabal, our contempt for their profligate bigotry, and our indignation that men so placed should be so grossly, so coarsely indifferent to the true honour of their profession, and to the well-being of their University. "Non tali auxilio"—will the Troy of the Allopathists be defended.

Let our readers consider the following crushing passage from Professor Henderson's letter. It appears that Professor Syme has consulted with Professor Henderson. Professor Syme was

one of the *Ten*! Professor Simpson, the Mesmerist, has consulted with Professor Henderson. Professor Simpson was one of the *Ten*! and a third of the *famous Ten* actually asked and received the attendance of Professor Henderson on his only child during an attack of scarlet fever! What can be more immoral than the conduct of these three men?

“Why the Faculty should have determined on the extraordinary course which has met with so severe a check from their colleagues, I may hazard a conjecture in the sequel. That it has been somewhat suddenly conceived, admits of indisputable proof. In the June Number of the Journal conducted by the very members of the Faculty with whom this persecution originated, they exonerate themselves from the charges of being lukewarm on the subject of Homœopathy, and of tolerating a colleague who professes a belief in that system, in the following words,—‘as to the Professorship of General Pathology, the Medical Faculty have no power in the way of appointment or dismissal; but we have no doubt that if it ever came to their knowledge that Dr. Henderson was making his lectures from this Chair the vehicle of Homœopathic doctrines, they would petition the patrons for his removal. The testimony of students who have attended this course assures us there has hitherto been no ground for any such complaint; *and so long as this is the case, we do not see how the Medical Faculty can take cognizance of the principles upon which their colleague chooses to conduct his private practice.*’ A month did not elapse, however, before they altered their opinion, and fancied they could make out some pretext for molesting their colleague, on account of those very principles ‘upon which he chooses to conduct his private practice.’ And what makes this rapid change all the more remarkable is, that it is singularly inconsistent with their conduct during the previous seven years that their colleague has been known over the three kingdoms as a believer in homœopathy. Thus, the Professor of Clinical Surgery, who took the lead in this proceeding of the Faculty, was the mover, in the College of Surgeons a short time previously, of a Resolution which bore, that meeting in consultation with those who practise Homœopathy is to countenance the system, yet he himself has repeatedly given such countenance to it in this city. Lest he may have forgotten the occasions, I may remind him of two that fell within my own knowledge. The one occurred a few days before he set out to take possession of his

London appointment, the other a few days after his return from that enterprise. The Professor of Midwifery has still more frequently countenanced it in the same way: and several others are in the like predicament; while one professor, who was present at the meeting and concurred in the Resolutions of the Faculty, requested me by a letter under his own hand to attend his only child during an attack of scarlet fever, a little service which was as freely rendered as it was frankly asked, and has now (shall I add?) been handsomely requited!

Three virtuous men out of the virtuous ten!

We have unconsciously expressed the satire in a verse. Let it stand—"facit indignatio versus." Far be from us and our friends that unworthy bigotry which has been displayed by this Faculty; far be from us and our friends that short-sightedness which has caused them to commit so many blunders at the very outset of their foray against homœopathy. "Quos Deus vult perdere, prius dementat"—they are obviously "demented." "Et tu, Brute!" as the stabbed Cæsar said to his assassin, might Professor Henderson say to each of these men; to each of them he might say in the Doric of Scotland,

"We twa hae paidl't i' the burn."

Recreants to true philosophy! false to the brotherhood of a profession noble in its aims, and ever striving, it is to be presumed, after progress! The scorned of the Town Council, and the snubbed of the Senatus Academicus—let them ruminate each rebuff. We can only afford space for one more extract from Professor Henderson's letter:

"When it is considered that the number of adherents which Homœopathy possesses among the public is now very large, and that among its supporters are not merely men of rank, but many others favourably known by their attainments and good sense, and some highly distinguished by their literary or philosophical talents, it will be admitted that our medical teachers cannot be expected to vilify Homœopathy, or to close their doors against those who are inclined to practise it, without exciting either hostility or contempt among classes whose estimation cannot be safely disregarded. If the Medical Faculty would act wisely and fairly in reference to Homœopathy, and to candidates for their degree, they should test experi-

mentally the claims of the system they repudiate before they venture to condemn it. It will not do to sneer at it as a mere system of infinitesimal doses, for should any one affirm it to be so, I am entitled to tell him that, if he do so without having studied the subject, he speaks in ignorance, let him pronounce his opinion with what pretentious pomp he may; and that if he do so after having studied the subject, he says what he must know to be untrue. While we maintain that no College or Faculty in existence is in a condition to decide what may be the smallest quantity of a medicine that is capable of acting on the sick, and that doses very much smaller than our Colleges and Faculties have any conception of actually do operate as remedies. The whole question of doses is left open to the discretion and experience of the physician, who may be as strictly a Homœopathist as Hahnemann himself, though he should give his medicines in the ordinary form, simply if he select them according to their Homœopathic fitness. This alone is Homœopathy, and it has been studied, or the study of it recommended, by men quite as considerable in social and scientific rank as any member of the Faculty. Our late townsman Dr. Andrew Combe was a good specimen of the more philosophic physicians, and he wrote of Homœopathy thus:—"I am not, and for a long time have not been, *hostile* to Homœopathy. I have long thought that the Homœopathists have made out a case for *serious enquiry*, and on that ground urged our medical nephews to avail themselves of the opportunities presented to them to investigate its claims, and verify them in practical observation. If I were to continue in my profession, I should consider it a duty to *test* these claims." *

"Brera, the Professor of Practice of Physic and Clinical Medicine in the University of Padua, one of the most eminent examples of the practical physician, wrote of Homœopathy in these terms:—"Homœopathy, though it may appear vain to some, singular to others, and extravagant to a great number, does actually reign in the scientific world just like any other school; for it has its Chairs, its Books, its Journals, its Hospitals, its Cliniques, its Professors who teach, and its Public who listen. . . . Such being the case, it can no longer be treated with contempt; it merits that calm examination, that severity of judgment which have been applied to all systems of medicine successively," † &c. &c.

* *Combe's Life*, p. 456.

† *British Journal of Homœopathy*, April 1848.

“ The late Mr. Liston, Professor of Clinical Surgery in University College, London, was the finest example of the practical surgeon this country ever produced, and his opinion of Homœopathy appears in the following extract from his Lectures. After detailing the particulars of the cure of cases of erysipelas, which he had treated with Homœopathic remedies, that great surgeon thus addressed his pupils:—‘ Of course we cannot pretend to say positively in what way this effect is produced, but it seems almost to act by magic; however, so long as we benefit our patients by the treatment we pursue, we have no right to condemn the principles upon which this treatment is recommended and pursued. You know that this medicine (Belladonna) is recommended by Homœopathists in this affection, because it produces on the skin a fiery eruption or efflorescence, accompanied by inflammatory fever. *Similia similibus curantur*, say they I believe in the Homœopathic doctrines to a certain extent, but I cannot as yet, from inexperience on the subject, go the length its advocates would wish, in so far as regards the very minute doses of some of their medicines. The medicines in the above cases were certainly given in much smaller doses than have hitherto ever been prescribed. The beneficial effects, as you witnessed, are unquestionable. I have, however, seen similar good effects of the Belladonna, prepared according to the Homœopathic Pharmacopœia, in a case of very severe erysipelas of the head and face, under the care of my friend Dr. Quin. The inflammatory symptoms and local signs disappeared with very great rapidity. Without adopting the theory of this medical sect, you ought not to reject its doctrines without due examination and inquiry.’ * ”

“ The Faculty may decline to follow the advice or example of these distinguished men, but it is far from being likely that the students in our schools will read with indifference those deliberate statements from men who stood among the foremost in their several departments, or that they shall be insensible to the suggestions of curiosity when aroused by such weighty testimony. To oppose penalties and regulations to the beliefs or purposes of their pupils will soon be found a vain expedient for cutting off the supply of qualified and licensed practitioners to the ranks of the rising system, and we hope to be spared the annual recurrence of scenes which place this city, that was wont to take a first place in great intellectual and scientific movements, not only behind other seats of learning

* *Lancet*, 1836.

in free countries, but actually behind such dens of despotism as Vienna and St. Petersburg. In both these cities the young science which struggles in Britain for bare toleration, under the ban of Colleges and threatenings of pains and penalties, is sanctioned by the authority and protected by the strong arm of the State. The *Odium Medicum* can be more tyrannical than the employers of Haynau, and more intolerant than the imperial jailor of Siberia."

The medical disturbances in "Modern Athens" have given rise to an admirable letter by an *Alumnus* of that University—*The New Test Act*. It is obviously written by a man addicted to the sifting of evidence, the weighing of analogies, and the deduction of plain inferences from plain matters of fact. There is no chopping of logic, but a downright hugging of the subject. Mark how well he disposes of the question whether the allopath should or should not meet in consultation the homœopathist.

"Few words will be required to show, that if one party, or sect, or persuasion of the Medical Profession resolve that they will not meet in consultation with any member of a different party, or sect, or persuasion, the public are injured; and, as a question of principle, it cannot be decided by counting the respective numbers. The proscribed minority may in this case be small; but let us once admit the principle and the effects may be disastrous. We may have the whole body cut up into sects; and instead of, as heretofore, having free choice of the whole Medical Practitioners in Edinburgh, in case of desiring assistance in consultation with our usual medical attendant, we shall have to consider to what sect he belongs, and how many members of it there are. In short a supplementary list will have to be published yearly in the Almanack and Directory for our guidance, showing the actual state of parties. Suppose that Dr. Henderson is my family attendant. He is considered an excellent stethoscopist; he examines my chest, and, as the result of such examinations and his knowledge of the history of my health, comes to the conclusion that I am in a consumption, and orders me, with directions as to treatment and medicine, to Madeira. Well, it is a long way and a serious change of life; and I should like to have the opinion of Dr. Alison or Dr. Simpson before leaving home. I tell Dr. Henderson that I wish a consultation with one of them on the subject. 'Oh!' he replies, 'that is perfectly impossible;

neither of them can meet with me without loss of character. So the College of Physicians has determined.' 'Why on earth cannot they meet with you?' I ask. 'Are you not a Graduate, and one of the Medical Professors, of the University, a Member of the College, and of reputable private character?' 'I believe I am all these,' he answers me, 'but the reason is that I am a Homœopathist.' 'And pray, Dr. H., what may that long terrible word mean? Is it the Greek for a liar, or a quack, or for what, that it operates as an impassable bar to the benevolence and professional zeal of other members of the College?' 'Oh no,' he answers, 'it is nothing at all so detestable.' 'What is it, then, to be a Homœopathist?' 'Well, I will tell you shortly what it means. It imports a belief in the prevalence of a general law by which to be guided in the selection of remedies, *similia similibus curantur*, expressed technically; or, in plain English, that the substance which produces in the healthy a resemblance of the disease will cure it in the sick.' 'And is this law universally repudiated by the other Members of the College?' 'By no means,' he tells me. 'In fact, I remember that, on the occasion of the rejection (after a vote by ballot) of Dr. Black's petition for admission as a member, the President said, that the Homœopathists had no right to the exclusive use of the title, for that on occasions they all practised Homœopathically. Indeed, the truth is, that all the specifics in common use are given in accordance with the Homœopathic law.'

"'I ask again—Is that *all* that is implied in being a Homœopathist?' 'Strictly speaking, *all*,' he answers. 'Every physician practising according to that law is a Homœopathist; but there is a farther difference in practice arising out of this law: that we always give medicines in much smaller quantities than they are otherwise usually given.' 'Nothing more?' 'Nothing more, I believe; for I don't suppose that the practice of never giving but one medicine at a time, and of always testing the medicines upon healthy persons before giving them to the sick, is deemed seriously objectionable, however little practised, by the other Members of the College.' 'Then, the practical result to me is, that, because you differ from most of the other Members of your College on the principle of selection, and on the right quantities of medicine (upon neither of which, as I understand, the others are at all agreed among themselves), I am deprived of the benefit of having the advice of any of them?' 'Precisely so,' he answers."

Something similar to what is said of Abercrombie in the following extract is said also of Sir Philip Crampton, the renowned surgeon of Dublin. He is reported to have said that if he was younger he would study Homœopathy, and being convinced of its truth, would practise it.

“It seems unnecessary for my present purpose to enquire how many other disciples from among the Graduates of the Edinburgh University the new doctrine can justly boast of. I am told they are not a few. It may, perhaps, be worth mentioning what is told of Abercrombie; that, some one having mentioned to him that Dr. Henderson was engaged in the investigation of Homœopathy, he said something to this effect—‘I am glad of it; now we shall see whether there is any truth in it;’ and of Davidson, that he said to a friend, that, had he been a younger man, he should have thought it his duty to study the system. We have few, if any, remaining who deserve to be named with such men as these.’ It appears also, from a published letter of Liston’s, that, before his death, he had become convinced of the efficacy of the Homœopathic remedies.”

Mark again this expression of earnest faith in one who is evidently one of Carlyle’s men—a man after his own heart, who has faith in something.

“I have always observed, that the fires of persecution burn brightest when men’s faith is decaying. It is not he who feels deeply the universal supremacy of truth, who will lightly cry out, ‘Heretic! to the stake!’ Rather it is he who feels that he leans on the people and things round about him, and fears that, if these were shaken, his own beliefs would be left without support. And it is worthy of remark, that the energetic faith of the young school in medicine stands remarkably contrasted with the powerless scepticism of the old. I say not that it will prove itself to be altogether well founded—very probably not; but I say emphatically, that, well-founded or not, there are those who believe in it, and, so help me God, I will do what I can to ensure them free scope for their convictions.”

Let the ten of the Medical Faculty listen and apply to their conscience this exhortation :

“Finally, I adjure our medical friends, as they regard the dignity of their profession, as they desire the advance of science, as they value sincerity and ingenuousness, as they confess allegiance to the

laws of nature, which will receive no dictation from man; above all, as they would not be found doing injustice and cruelly oppressing the innocent; in short, as they feel the claims of highest Duty, I adjure them to pause ere it be too late, and willingly to retrace their steps, lest ignominiously they may afterwards be compelled to retreat from their present false and discreditable position."

We earnestly recommend this admirable paper to the diligent perusal of all friends to Homœopathy, of all men of science, of all those who hold truth in reverential regard. To quote all the striking passages would, in effect, be to reprint the whole letter of *Alumnus*.

We have, heretofore, dealt with the Universities of St. Andrews and Edinburgh, we have something to say to the Royal College of Physicians of Edinburgh. This very illustrious body may have good old Claret in their crypts—we know nothing of their more generous hours—may have some brains in their noddles; they may be distinguished philanthropists, excellent citizens, very worthy persons in their domestic and social relations; but the world evidently stands still with them. They have evidently been asleep for fifty years and more: they fell asleep when Napoleon began his Italian Campaign in 1796. Their sympathies are with old Wurmser. Nothing has been changed for them since then. They know nothing of Habnemann! they are ignorant of the character of Homœopathy; they like very well, for that is a pleasant thing even in their dreams, to get an hundred pounds from each successive new Fellow, but they do not like to have their slumbers disturbed. Who is this Hannibal thundering at their gates? Ho! watcher, what of the night? The night is far spent—the dawn of liberty in therapeutics has passed into the daylight of homœopathy. They slumber still! Oh heavy Bœotians! this is no time for slumber nor sleep. We will let one of their Fellows, Dr. Macleod, whisper in their obtuse ears. Let them shake off their drowsiness and listen to the voice of the reprover.

"No man, no Society at least, seems to me entitled to interfere authoritatively with the honest efforts of others to attain some object of public importance, unless it can be shewn either that the same end has already been attained, or that, through some better process,

success is at hand. It ought to be held as a canon, that until Science has reached its *ultimate* Laws, it is essentially *free*; so long as the knowledge of these Laws is in the distance, no hand of authority ought to be laid on the Inquirer who is struggling to attain it. Now, of that Empirical System, which in this country we find pitted against our rational therapeutics, I mean to say little more. I have already shewn its extraordinary looseness *as* an empirical scheme; and I have asserted that it is losing ground yearly; I have called attention to the fact, that the use made of it in practice is so various, that, apart from the books in which its formulæ are written, no one can say with certainty what it is. Let me narrate merely one or two circumstances that came under my cognisance years ago, as illustrations; and then I shall ask again, what is really the value of the system, in virtual defence of which our College has felt it necessary to put on at present so hot an antagonism, and to send forth these denunciations. Formerly—I do not know if it is so now—there were several fever wards in the Edinburgh Royal Infirmary, of which three Fellows of the Royal College of Physicians had the charge. One physician had the top ward, another the middle ward, and a third the low ward. It happened, that on the same day, three young persons of nearly the same age, ill of typhus fever, were admitted into the hospital. The disease was of equal severity in each, and the stage of complaint the same in all. What was the treatment, think you, pursued in those three cases, by the three Fellows of the College? Of course it should have been the same, at least if the *system* be correct; for the physicians in question would choose the best. But, Sir, it was not the same. He in the top ward bled his patient with lancet and with leeches. He in the middle ward physicked his patient with drastic purgatives; and if he saw a large, comfortable effect, he gave praise, and was content. He in the low ward, again, gave whiskey, wine, and opiates. What was the result of such deplorable freaks? I refer you to the statistic-book; I have no doubt you will find it there!—In the University formerly, two Professors used to lecture, on alternate days, on clinical medicine. It happened once that each had at the same time under his care an acute case of *pericarditis*. The Professor, who lectured upon his case on Monday night, said, in substance, as follows:—‘Gentlemen,—As to the treatment of this disease, it has been the practice to give large doses of mercury so as to bring the constitution under its action; and to effect this as rapidly as possible, small quantities of

opium are usually combined with it. This practice, I, however, believe to be erroneous; for I have observed the progress of the disease unchecked, even during profuse salivation. The most efficient remedy—in fact our *sheet-anchor*—in this disease is *Tartar Emetic*. You will have noticed the large doses I have given of this remedy, and yet the patient seems not to suffer from it. In fact, the constitution in this disease, as in some others, has a remarkable tolerance for Tartar Emetic.’ When the lecture was finished, I left the hall, fancying I had learned some great truth, and knew better than an hour before how to save life. On Wednesday evening, during the same week, in the same hall, and to the same students, the other Professor lectured. The lecture was devoted to the acute case of *pericarditis* under his care in the hospital. After describing the case, and giving a sketch of the character and progress of disease, he spoke, in substance, as follows:—‘Gentlemen,—It is a remarkable thing that there should be any difference in regard to the mode of treatment to be pursued in a disease such as this. I believe it is the Italian and French schools which advocate so very strongly the employment of Tartar Emetic; but I would strongly urge you to put no confidence in this remedy; for if you do so, you will lean on a broken reed. Our *sheet-anchor* in this disease is *Mercury*; under the action of which you must bring the patient as soon and as freely as you possibly can—even bleeding is of little importance in comparison with the use of mercury. The two combined, *i. e.*, mercury and blood-letting, is of course best, but at all events use mercury, and never trust to tartar emetic.’ What effect was produced on the minds of the students by such opposite teachings I cannot say. I can, however, speak for *one*.—He walked down into the noble quadrangle in bitterness, and gave involuntary utterance to the words, ‘No wonder that Sir James Macintosh forsook the study of medicine.’”

The University of Aberdeen is the *third* diploma-conferring Corporation that has taken the field against Homœopathy. Three out of the four Scottish Universities have now *pronounced*: we wait to see if Glasgow will follow the example.*

In the *Lancet* of the 30th August, we have the following letter from Dr. Fyfe.—

* As these sheets are passing through the press, we learn from the *Lancet* that the Faculty of Medicine of Glasgow is about to follow the example of Edinburgh, St. Andrew's and Aberdeen, and issue an anathema against Homœopathy—Prosit!

“*To the Editor of the Lancet.*”

“Sir,—Having seen the letters published in the *Lancet* of Saturday last, regarding the graduation of John Say Clarke, at the University of Aberdeen, I beg to inform you that at the time of his examination not the slightest suspicion was entertained of his being a homœopathic practitioner, otherwise the degree would not have been conferred on him.

“I am, Sir, yours respectfully,

“ANDREW FYFE,

“Professor of Medicine,

“University and King’s College, Aberdeen.”

Can these *dry bones* live? can these *skeletons* be clothed with flesh? Can such Universities as these, that set themselves doggedly against freedom in therapeutics, survive? It is remarkable that an individual took on himself to represent the Medical Faculty and the *Senatus Academicus* of St. Andrews, and another individual has taken on himself to represent Aberdeen. Why do not these bodies come to the *legal arbitrement*, and issue proceedings against Drs. Hale and Clarke, to compel them to return to their diplomas? Why do they not try the question whether or no they have the power of *undoctoring* their graduates. Queen Bess, the most arbitrary of the Tudors, threatened to *unfrock* one of her bishops, but was wise enough not to try the experiment.

* * * *

In this conjuncture, what is the duty of homœopathists? Union is clearly the first thing needed. This is so obvious, that we need not dilate on its necessity. Large funds should be collected by the well-wishers to homœopathy for the defence of homœopathic practitioners and students, who may be subject to persecution. Our readers are aware that an association has been founded for this purpose. Let all who favour our cause, grace it with their names, and aid it with their means.

The cordial support of the three existing homœopathic hospitals, two in London and one in Manchester, is another necessary measure. Other hospitals should be established. No time should be lost in establishing a hospital and school in Edinburgh. It is there that the first great conspiracy against homœopathy has been hatched; it is there *that* conspiracy should be branded

with infamy; it is there that the homœopathic public should come to the rescue, and stand by the persecuted.

We desire heartily to see the two London hospitals united: there might be then in the English metropolis two hundred beds instead of two, each with fifty. For double the number of subscribers would be found for one united hospital, than those that now subscribe to the two. Very many persons think that there are two different schools, and do not know which to prefer: many dislike the unnecessary divisions among the medical men, and so keep aloof from both these institutions; and many make these alleged divisions the pretext for not supporting either hospital.

We recommend a cordial support of the homœopathic literature, and of the homœopathic periodical press. There is abundant scope for the scientific exposition, and for the popular teaching of our doctrine and practice.

We recommend that measures be taken to ascertain the intentions of those medical Universities, Colleges and Halls, which have not yet pronounced against homœopathy.

It is clear that the allopathic medical press, especially the periodicals, of which the *Lancet* is *facile princeps* for virulent invective, and unreasoning abuse, is attempting to bully the medical corporate bodies, and to frighten them into joining the conspiracy of Edinburgh, Aberdeen, and St. Andrews.

Let us stay by the medical institutions if they will let us: but if they mean to persecute us, to proscribe us, we must stand to our arms; we must use the means provided for us by the laws of our country; we must obtain a charter for ourselves. *Absit invidia verbo!* This extreme measure would only be resorted to in self-defence.

But we must be *united*: we must act together.

We find that while other therapeutic dogmas that are supposed to be antagonistic to allopathy, are at present neglected by our opponents, they advance with open mouths on homœopathy—as on their prey. It is true that they are miserably mistaken, but they think not so; it is true we shall beat them, though they believe it not; but the battle is to be fought; we have not yet earned the privilege of putting off our armour.

The Medical Faculty of Edinburgh, the College of Physicians of that University, and the individual who represents the Faculty of St. Andrews, and he who represents that of Aberdeen, will soon have to laugh "on the other side of the mouth," though they now indulge themselves in the roars of "inextinguishable laughter" of Alfred Tennyson's Epicurean gods—

Careless of mankind,—

For they lie beside their nectar, and their bolts are hurled
Far below them in the valleys, and the clouds are lightly curled
Round their golden houses, girdled with the gleaming world.
There they smile in secret, looking over wasted lands,
Blight and famine, *plague* and earthquake, roaring deeps and
fiery sands,
Clanging fights, and flaming tongues, and sinking ships, and
praying hands,—
*But they smile, they find a music, centred in a doleful song,
Steaming up a lamentation, and an ancient tale of wrong,
Like a tale of little meaning, though the words are strong—
Till they perish.*"—

Truly, they are taking the best way to bring about the accomplishment of their weird.

CLINICAL NOTES.

BY WILLIAM HENDERSON, M.D.,

Professor of General Pathology, Edinburgh.

CASE. I.—*Pleuro-pneumonia of left side.* Inflammatory fever quite gone by the fourth day of treatment; resolution of hepatization and absorption of effusion complete in fifteen days.

Dr. ———, aged 51; usually a healthy, active man; of florid complexion and rather spare frame; was seen for the first time with his present illness on the 10th May, at 8 P.M. He reported that, the day before, he had been fatigued and overheated, and in that condition was exposed to cold, which he believes he felt all the more keenly owing to his having been for several weeks previously less vigorous and healthy than ordinary. He passed consequently a restless night; and early this morning had shiverings, which recurred in the forenoon, and were then attended by pain in the lower part of the left

side of the chest, posteriorly. In the course of the day the pain increased gradually, and has been acute all the afternoon.

At present the pain affects the lower and back part of the left side, and extends round towards the sternum; it is acute when he attempts to inspire fully, and when he turns in bed; and is felt in some degree even when he breathes calmly. The pulse is 116, full and firm; the skin hot and dry; the face flushed; respirations 32; urine scanty and high-coloured; tongue whitish.

At the seat of the pain, posteriorly, the percussion-sound is impaired, but not dull, over a space about three fingers' breadth in depth; in other places it is quite satisfactory. The respiratory-sound at the same place, over a space about four fingers' breadth in depth, is not so loud as at the healthy parts around, and has a somewhat sharply tubular character; it is accompanied by scanty subcrepitation only at times even when he takes a full breath. Immediately above this situation the respiratory sound is pure, soft, and low, becoming of the normal intensity towards the lower angle of the scapula. He coughs, but not frequently; and has expectorated three or four times sputa of a deep rusty, or rather bloody, colour. He has been taking Aconite of the 1st decimal strength, and a few doses of Phosphorus.

Pr.—To take a drop of Aconite of the same potency every half-hour for six hours; afterwards every hour.

11th. Half-past 10 A.M.—Has had a comfortable night, sleeping now and then between the doses of medicine; coughed none till towards morning, and has brought up the coloured sputa only twice or thrice. The pain is much easier, but is still felt in the same situations. Pulse 108, much smaller and softer; skin dry and hot; respirations 28. The percussion-sound is impaired over two fingers' breadth higher, and is dull where only impaired yesterday. A sharp, bronchial inspiration is very distinct, and the voice is also sharply bronchial, over the whole five fingers' breadth; scanty subcrepitant rattles are audible on the same space.

Pr.—Aconite, 1st decimal strength, every hour for two doses, then Bryonia of the same potency one dose, and so on.

Half-past 7 P. M.—Since the first dose of Bryonia he has coughed much more than previously, and has expectorated a very considerable quantity of the bloody, viscid sputa. He ascribes the increased cough and expectoration to the Bryonia, after every dose of which he felt more inclined to cough, more heated, and more uncomfortable about the chest, and all in an increasing degree down to the present time. Pulse 120, very full and jerking; respirations 34. The percussion-sound is impaired still further up the back, quite to the interscapular space, and the parts where it was formerly impaired yield a dull sound. The bronchial voice and breath-sound are audible over the whole of the space on which the percussion sound is altered; there are no rattles where the percussion-sound is dull, but above that part, and as high as the upper third of the back, there is copious crepitation. On the lateral aspect of the side the percussion and breath-sounds are unchanged. Tongue more loaded, and white all over; skin hot and dry.

Pr.—Omit the Bryonia; take Aconite, one-sixth of a drop of mother tincture, every half-hour till midnight, then every hour.

12th. Half-past 8 A. M.—Has taken the medicine irregularly, and not above seven or eight doses altogether. The tendency to cough gradually subsided, and after a few hours almost entirely ceased during the night, and has not returned this morning; there has been no expectoration of any kind; he slept soundly from time to time; has perspired freely almost all night, and the skin is still moist; pulse 108, soft, smaller, and much of the character the pulse has after large loss of blood; respirations 30; no pain, but obscure soreness in the parts formerly pained. The physical signs have not extended; the rattles are scanty and subcrepitant below, more abundant and subcrepitant above at the interscapular space where crepitant yesterday; the bronchial-sounds are strong from the inferior angle of the scapula downwards, gradually less so upwards; the upper third of the chest is clear of all abnormal-sounds; laterally there are no morbid signs. Tongue cleaning at point and edges; no stool for two days.

Pr.—Aconite, 1st decimal strength, every hour.

1. P. M.—Has taken the medicine more frequently, sometimes every half-hour, having felt more heated and feverish. Has coughed little, and expectorated twice or thrice; the sputa are much less deeply tinged than before. Pulse 108, considerably fuller and firmer.

Pr.—One drop now of Bryonia, third decimal strength; afterwards Aconite, as before, every hour.

Half-past 8 P. M.—Has coughed and expectorated frequently, beginning to do so about one hour after the dose of Bryonia. The sputa are more deeply coloured, though not so deeply as at first. Respirations 28; pulse 106, again soft and smaller; skin moist. The stethoscopic and percussion-sounds remain much the same on the back; and in addition there is abundant crepitation along the lateral aspect of the side. He has lain comfortably, dozing frequently, and free from pain.

Pr.—Aconite, as before, every hour.

13th. 10 A. M.—He continued to take Aconite every hour till 2 this morning; since, an interval of two hours and sometimes more has intervened between the doses, owing to his having slept soundly. The cough and expectoration have been moderate; the sputa less viscid and less coloured; pulse 90, soft and moderate; respirations 26; the percussion-sound is dull only to the inferior angle of the scapula, and becomes quite normal at the middle of the interscapular space; subcrepitant rattles all over the affected region, scanty below, more numerous above; the bronchial sounds are much less distinct. No stool. No pain.

Pr.—Bryonia 6, four globules now; afterwards Aconite every two hours.

14th. 12 noon.—Took other four globules of Bryonia 6 at 9 last night, having felt no inconvenience from the former dose; has taken one dose only of Aconite since, having fallen asleep early last night, and slept soundly till morning; repeated the Bryonia two hours ago. Has coughed and expectorated very little, and the expectoration fawn-coloured only. Has perspired gently all night. Pulse 70, soft and moderate; respirations 24. Percussion-sound dull only as high as the inferior angle of the scapula; merely impaired half up the interscapular region;

copious coarse subcrepitation all over the affected parts on full breathing; bronchial sounds obscure, even on the dull part. In ordinary breathing a creaking friction-sound on the lower half of the left back, and round by the lateral aspect nearly as far as the lower part of the sternum. On the left side of the sternum inferiorly some uneasiness on breathing. Heart-sounds normal. Tongue cleaning. Appetite returned considerably.

Pr.—Bryonia 6, four globules every four hours.

16th. Noon.—Has continued the Bryonia. Took a dessert-spoonful of Castor Oil this morning, and has had two motions—the first since his illness began. Since the exertion of being out of bed at stool, has been sensible of somewhat acute pain all round the lower part of the left side of the chest; it catches sharply when he attempts to inspire freely. Pulse 90, soft and small. Very little cough; has expectorated twice; the sputa streaked a little with blood. The dulness behind, and the other signs of condensation, have considerably declined; subcrepitant rattles very scanty, and only during full inspiration. Friction-sound less distinct.

Pr.—Bryonia, 1st decimal strength, one-fourth of a drop, and the same of Sulphur O, alternately every four hours.

17th. Half-past 9 A.M.—Substituted Aconite, in doses of one-fourth of a drop, mother tincture, for the other medicines, last evening, as the pulse became fuller and firmer, and has taken it frequently during the night. Pulse under 80, very soft and compressible, and rather small. Has perspired moderately for many hours. Friction-sounds again distinct, and in the same places—the lower part of the back excepted, where there is no sound, and percussion is dull; (probably from pleuritic effusion).

Pr.—Aconite, the same dose, every hour.

18th. 11 A.M.—Last evening the pulse had declined to 72, was soft and small; and he has taken no medicine since. Slept without waking all night. Pulse 76, moderate. Percussion-sound remains dull from nearly the lower angle of the scapula downwards, and there is silence over all this space; a few subcrepitant rattles for a little distance above, and per-

cussion-sound there nearly natural ; respirations 24. No stool ; tongue clean ; considerable appetite, and feels well.

Pr.—The same medicine every four hours.

19th.—Friction-sound gone ; and other symptoms continue improved.

Phosphorus 3 and Sulphur 3, were directed to be taken alternately every four hours, and were continued nearly to the same amount till the 26th, when the chest was found free from all sign of disease. He had been out of bed for some hours on the 25th, and was able to go to the country on the 29th, scarcely weakened by the illness.

Remarks.—He had, above twenty years previously, had an attack of pneumonia, for which he was thrice freely bled, and otherwise treated according to the common practice, and did not recover his former strength for six months. In two or three weeks after the illness which has been detailed above he resumed his professional duties with his customary vigour. The case furnishes a well-marked example of aggravation from Bryonia of a low potency, and though such a consequence of the employment of the lowest dilutions in the treatment of acute inflammations has been very rare in my experience, I cannot but acknowledge that even the possibility of it ought to suggest the propriety of at least *commencing* the treatment of such cases with the weaker dilutions, until the susceptibility of each individual case is determined. An aggravation may be of little consequence in most inflammatory diseases, because it soon subsides ; but in the event of such an occurrence happening in inflammation of very delicate and important organs—the brain, for example—the mischief that may accrue in a few hours may be irreparable. These remarks I conceive to be applicable at least to such medicines as have a strictly local action in acute inflammations, but I have never witnessed Aconite to produce an aggravation of acute symptoms though given very frequently—of the 1st decimal strength ; probably because its operation in those acute diseases does not fall directly upon the inflamed organ, which may be regarded as the most sensitive part of the body at the time, but on the general system involved in the less intense conditions of disease composing the inflammatory fever.

The following case illustrates strikingly the effect of Aconite, administered very freely, on the febrile accompaniments of a very intense intestinal inflammation.

CASE II.—*Acute inflammation of the mucous membrane of the intestines.* Inflammatory fever gone within forty-eight hours.

December 12th, 1846. Mrs. —, aged 39, the mother of several children, and usually in good health and in good condition. For several days she had suffered from paroxysms of pain in the bowels, and had several motions daily, but went about her usual household duties. This forenoon she had repeated shiverings, and more frequent and severe attacks of pain, and very frequent calls to stool, as often as several times in an hour, in the course of the day; the evacuations consisting chiefly of bloody mucus, and being attended by much pain. At 1 o'clock P. M. I found the pulse 86, and the skin hot. Aconite 1, and Mercurius solubilis 3, in half-grain doses, were directed to be taken alternately every hour. By evening the stools became rarer, though pain occurred in frequent and most acute paroxysms. From half-past 8 till midnight no motion occurred, and then there was an evacuation consisting of a red fluid, in considerable quantity, containing much of a red flocculent matter in small pieces like red currant jelly cut into bits, and shreds of bloody mucus, with a few small scybalous masses. Continue medicines.

13th, 6 A. M.—A stool at 2 o'clock, and another at 5, of the same characters as that last described. Had hot poultices applied to the abdomen all night; has perspired copiously since 3 o'clock, and continues to do so. At 3 o'clock the pulse was 112, and Aconite 1 and Mercurius 3 had been given every half-hour for two hours previously; two doses of Aconite 1 were then given successively with an interval of ten minutes, and then Aconite and Mercurius alternately every quarter of an hour, and in an hour's time the pulse came down to 96. In a quarter of an hour after the two successive doses of Aconite, the pulse had fallen from 112 to 100, and the perspiration

broke out more profusely at the same time: tingling in the fingers and hands occurred soon after, and continued for a considerable time. The Aconite has since been continued about every quarter of an hour, and the pulse has fallen to 86.

The following notes were taken from time to time during the remainder of the illness. 20 minutes past 7 A. M.—Aconite has been continued every twenty minutes, and a dose of Mercurius 3 now; a stool has just occurred, of sanguineous fluid and red jelly-like flocks, with one or two small pieces of fæces, and preceded by rolling pain about umbilicus. At half-past 7.—Pulse 94, fell in five minutes after a dose of Aconite to 86. Half-past 10.—Has had Aconite every twenty minutes for two doses successively, and the next period Mercurius 3, and so on. Pulse 82, small; skin profusely perspiring. At half-past 11.—Pulse 94, fuller and firmer; restlessness; skin dry. Aconite every quarter of an hour, after two doses, brought the pulse down to 84, and re-produced the perspiration. Half-past 1 P. M.—Within the last hour three doses of Aconite and one of Mercurius have been given. The pulse a few minutes ago was 90, and a dose of Aconite, 1st decimal strength, was given, and now the pulse is down to 80. At 4 P. M., the only stool since morning occurred, scantier, less fluid, and of brown-red colour. At half-past 5 no medicine had been taken for three hours; the pulse was again 90; two doses of Aconite, 1st decimal, were given with an interval of quarter of an hour, and the pulse a little after the second dose was 84; after another dose, in quarter of an hour, pulse 82; and in ten minutes more, 80. 9 P. M.—Aconite and Mercurius, each of 1st decimal strength, have been given alternately every quarter of an hour; Pulse 78, small and soft; skin moist; no stool. At 11 P. M.—A stool, consisting of a good deal of thin red mucus, and many bits of fæces. Little pain all evening, but now and then a dull twinge as of colic. During the night the same medicines were given at long intervals; the pulse continued to decline, and though only a few doses of Aconite were given during the 14th, alternated with Nux vomica, the pulse had fallen in the evening to 60; no stool occurred throughout the day. The remainder of the treatment consisted of a few

doses of Mercurius, and Sulphur Φ . For three days the stools, which happened at long intervals, were muco-purulent in appearance, like the slimy sediment that occurs in catarrh of the bladder, and the first natural looking evacuation occurred on the 18th.

In the first case of acute pleurisy which I attempted to treat with Aconite, while feeling my way to the homœopathic treatment of inflammatory diseases, the remedy was pushed much further than in the preceding case. It was a very intense example of the disease, and all the more dangerous and alarming that it followed a severe attack of measles. The patient was a lady, about 30 years of age, who had been for some months in a delicate state of health, and was not very robust at any time. In the course of the first four days of her treatment for pleurisy she got fourteen drops of the mother tincture of Aconite, of which seven drops and a half were given on the third day of the attack, in the course of fifteen hours, in doses of a quarter of a drop every half-hour. It was only after this last effort to control the disease had been persevered in for twelve hours, that it began to yield, though venesection had been twice practised, to the extent of sixteen and of eight ounces, with little or no benefit. When it did begin to give way, however, it declined rapidly, the pulse falling in the next twelve hours from 120 to 90, and in the seven last hours of that period from 116 to 90, amidst the most profuse sweating I ever beheld. If any medicinal disorder, due to the Aconite, succeeded this practice (which I admit may have been the case), it consisted of no more than alternate periods of heat of skin, with restlessness, and a pulse from 90 to 100, and of perspiration, sometimes copious, with decline of pulse to 84 or so; while in either condition the mind was desponding, troubled with the fear of death, and with self-accusations expressed in frequent confessions of unworthiness; all of which symptoms were present in some measure for five or six days after the Aconite had been discontinued. There was, however, no aggravation of the local disease, every vestige of which declined satisfactorily enough under the subsequent use of Bryonia and Sulphur.

CASE III.—*Sequelæ of scarlet fever; inflammation of the hip-joint; subsequently hematuria and albuminuria.*

A delicate, slender girl of 8 years of age was attacked with scarlet fever on the 25th of June last, and after a somewhat severe illness was free from fever on the 29th. She was convalescing slowly, when on the 10th of July she was seized with pain on the left hip-joint which became soon extremely severe. I saw her on the morning of the eleventh; she had passed a restless night, with much suffering; the pulse was 110; skin hot; the left femur, as she lay on her back, inclined towards and rested on the opposite thigh; the limb could not be stirred without extreme pain, which was referred chiefly to the hip-joint, though at the same time shooting down towards the lower and inner aspect of the thigh; the pain was also intense when pressure was made, though lightly, in the direction of the joint either before or behind. She had been up and seemingly well the previous morning. Aconite, 1st decimal and Mercurius corrosivus 3, decimal strength, were given, every hour the first day, and every two hours the next; and on the 13th the pulse was below 80; she could draw up and extend the limb quickly without any pain, and no uneasiness was produced by pressure in the direction of the hip-joint.

She continued to all appearance well till the 17th, when the urine was observed to be darker than usual, though I was not informed of this till three days after. On the 18th she had vomiting and several loose stools, which soon ceased under the use of Arsenicum 3. On the 20th I found that she had passed during the night nearly the third of a chamber utensil of urine having the colour of moss water, with an almost black or deep brown pulverulent deposit. This urine coagulated freely on boiling. Pulse 58, moderate; she is cheerful and easy; tongue whitish; face said to have been somewhat swelled yesterday, not decidedly so to-day; no swelling of ankles; bowels natural; skin cool; no pain felt in region of the kidneys.

Pr.—Colchicum, 1st decimal strength, a drop every two hours.

21st.—Slept well till morning, except when roused to take

her medicine; some nausea; no stool; urine amounts to twenty-two ounces in the last twenty-four hours; it exhibits under the microscope blood-discs, epithelium, casts of the tubules, and opaque granules, all abundant; a little swelling of the cheeks, which are pale; headache; anorexia, thirst; pulse 58.

Continue medicine.

22nd.—Urine rather less deeply brown, and less sediment; coagulates freely; quantity twenty ounces; she has been much less frequently up to micturate—she had formerly been often called to do so; tongue whitish; less thirst; some retching this morning; a little pain on pressing towards the left kidney; anorexia; little swelling of face; one stool; no heat of skin; pulse 58.

Pr.—Colchicum as before, and Cantharides 6, one drop, alternately every two hours.

23rd, 4 P. M.—Has passed no urine since morning; what was then voided is not so dark as any previous specimen, and coagulates less, though still very considerably. Much less thirst; slept well; bowels open; pulse 60; face but slightly swelled; is lively and cheerful.

Cont. med.

24th.—The urine of the last twenty-four hours amounts to fifteen ounces, is much improved in hue, of a deep straw colour, while the sediment is more ochrey than brown; the coagulability is inconsiderable. Bowels open; tongue whitish.

Cont. med.

24th.—Urine about the same in quantity; straw-coloured, with scanty dark powdery deposit; very sparingly coagulable. Bowels open; she feels well; tongue whitish.

Pr.—Continue Canthar. 6, every two hours during the day.

On the 27th a slight coagulability remained, though the urine was of its natural colour, and tincture of Cantharides, of first centesimal strength, was ordered in drop doses every four hours. The report on the first of August is, that both yesterday and to-day the urine has been perfectly free from coagulability, of natural colour and quantity; and there is no remaining symptom of disorder.

(To be continued.)

SCIRRHOUS TUMOURS OF THE LUNGS AND BRONCHIAL GLANDS.

BY FRANCIS BLACK, M.D.

A gentleman, aged 58, tall, and of a nervous sanguine temperament, consulted me Nov., 1849, for what he was led to suppose was chronic bronchitis, and glandular swellings of the neck. With the exception of three attacks of bilious fever, he had enjoyed good health until 16 years ago, when his previous active pursuits changed: he became sedentary and suffered from dyspepsia, at the same time he was exposed to continued mental exertion, and anxiety in public and private life. These circumstances increased his dyspepsia, and for this, mercurial preparations were frequently administered. In 1847 he commenced to suffer from spasmodic pains in the epigastric and cardiac regions. In June 1848, to the previously declining general health was superadded cough; the expectoration was for months thin, like mucus. In October, puffiness of the left side of the neck was observed, and gradually the cervical glands of that side began to enlarge from below upwards.

During the winter the cough increased, the sputa became gradually very tenacious, viscid and copious; the general health became worse, and the weakness increased. Various medical men of good standing in London and Brighton were consulted, who viewed the case as presenting nothing malignant. Various expectorants, Balsam of Copaiba, Æther inhalation, &c. were tried without avail. In June, 1849, he went to Cheltenham, and was there treated with antimonials with like success, the disease gradually got worse.

In July he went to Malvern, and was there treated partially hydropathically, with the occasional use of homœopathic remedies, especially for an attack of pleurisy. In September, under this treatment he appeared to have gained much strength, with an amelioration of the cough. In July he had sciatica, which yielded soon to treatment. In October his health again began to fail, and gradually decreased.

On examination, the following are his symptoms : he is thin, countenance denoting anxiety, the eyes prominent, the face of a dirty sallow hue.

The neck œdematous, especially the left side where the cervical glands from the clavicle to the mastoid process of temporal bone are enlarged and the inferior ones especially very hard, no tenderness or discolouration, the surrounding cellular tissues œdematous, and this œdema extends down the left arm to near the elbow.

The skin all over the body dry, with here and there a slight papular eruption which has for many years caused great irritation ; appetite good ; bowels regular, generally of a pale color ; urine rather scanty, and very turbid when cool from deposit of urate of ammonia. He has a distressing cough which is very violent at night, but slight during the day. The expectoration during the night is copious, and so tenacious that it may be drawn out in long strings, of a pale bluish-green colour, and in the centre of this a few isolated cheesy-like particles, varying from $\frac{1}{4}$ to nearly the size of a barleycorn ; never seen on the surface, but always in the centre of the sputa.

There is normal resonance on percussion all over the chest, except for an inch above and below the fifth rib in the lateral region of left side, where there is very slight dulness. The respiratory murmur is very weak all over the chest, not rough, and audible all over, except over right supra scapula region, and especially for a small portion in left lung, from about the middle of lateral region to the base of the lung ; but after coughing and a strong inspiration the respiratory murmur is also very faintly audible in those parts. Occasional slight mucous rale towards the root of the lungs.

To within 10 days of his death, after which date the chest was not examined, the stethoscopic signs continued the same as above.

Pulse natural strength, varying from 60 to 70. It is unnecessary to give the details of the treatment and course of such a case. The distressing cough was at first relieved by Kali bich., the principal indication being the viscid sputa ; for a short time this remedy was useful, and, during the after course of the

disease, the expectoration continued less viscid, and for a few weeks before death it was hardly tenacious, more watery and frothy.

Ipec. was frequently useful in allaying the cough, given in the 1st dil. in drop doses. The frequently recurring derangement of the stomach and bowels was met by Nux, China and Dig.

The most distressing symptom, and the most difficult to relieve, was the prurigo, which increased considerably towards the close of the disease. Prurigo is generally in old people a very obstinate affection, and was especially so in this patient, so enfeebled by a malignant disease. Merc. and Sul. gave occasional relief, but of a very temporary kind. Opium was tried, 3, 1, and 1 dec., but without any benefit. I was led to give it from the violent itching observed in some cases of poisoning by Opium. This itching is said to be due to the Codein, but this preparation I was unable at the time to procure. In Dec. and Jan. he had violent attacks of neuralgia in the back, loins and hip, various remedies failed to give relief; it however rapidly yielded after a few daily applications of a gentle current from an electromagnetic machine. The remedies administered specially for the cancerous diathesis were Conium, Ars., Sul., and Carbo an.

Throughout the illness the appetite, till within a few days of death, kept good, and the pulse normal. He appeared for periods of a week to get better, then to relapse; the duration of the relapses increasing, and the intervals being less free of suffering. He complained of no pain in the chest, merely a sense of fulness. Towards the end of January the glands of right side of neck began to swell, and the surrounding tissues to become oedematous; the left axillary glands were also enlarged and hard.

About 10 days previous to his death the drowsiness during the day increased, the memory became weaker, the appetite diminished, the cough almost ceased, the breathing easy; 24 hours before death he became more and more unconscious, and died on the 14th March, 1849.

I was led from my first examination of the patient to suspect that he had some malignant disease, affecting the lungs and

bronchial glands. The appearance of the patient indicated something graver than bronchitis, and simple glandular swellings. The occurrence of simple glandular swellings after 50 years of age is exceedingly rare, and several of them were very hard, and attended by more or less œdema of the surrounding cellular tissue, a very uncommon attendant on simple swelling. The appearance of the sputa, so very tenacious and continuing so for so long, was unlike chronic bronchitis, and the absence of mucous rales shewed that there could be very little bronchitis. The state of the pulse, and of the skin, was very unlike what is met with in phthisical patients. The expectoration was very unlike that seen with tubercular disease, and the physical signs gave no indication of tuberculous deposit; the only marked symptom being the great weakness of respiratory murmur all over the chest, a weakness which a forced inspiration diminished, and which attended with natural resonance on percussion indicated some cause preventing the air getting ready access through the larger bronchi. The character and history of the cervical swelling suggested that they had sprung from disease of the bronchial glands, and that this was of a cancerous character. This diagnosis was confirmed by the viscid jelly-like nature of the expectoration, and by the microscopic appearance of the small cheese-like bodies imbedded in the sputa. These, as will be detailed below, presented a very distinct formation from the more amorphous, closely aggregated and irregular rough, non-nucleated tubercular cells. Though the symptoms were sufficient to indicate malignant disease of the lung, not tubercular, the microscope placed the diagnosis beyond a doubt.

Post mortem examination. External appearance:—Skin covered here and there with small papulæ, and excoriated with scratching; œdematous swelling of legs, and especially of left upper extremity, and of the cervical regions; in both cervical regions enlarged glands, some as large as an egg, and hard. *Thorax*: Serous effusion into both pleural cavities, more than a quart into the left, and about a pint and a half into the right. No signs of inflammation; no adhesion of pleuræ, except towards the root of the lungs, these are slight, and are over hardened scirrhus portions of the lung. Upper half of upper lobe of left

lung œdematous, and contains in its centre three small detached scirrhus masses, of the size of a hazel nut ; the central portion of the lung crepitates freely ; towards the posterior part of lower lobe the lung is again œdematous. In the centre of the lower lobe there is a large scirrhus mass the size of a pigeon's egg ; when cut into it creaks under the knife, it appears whitish with streaks of a black pigment through it.

At the root of the left lung the bronchi are partly compressed by hard scirrhus masses ; this scirrhus degeneration involves the bronchial glands, the posterior mediastinum, and extends upwards to the cervical glands, as high as the occiput. The cellular tissue lying beneath the clavicle, and superficial to the first rib is also similarly disorganized, as also are two or three axillary glands. Scirrhus tumours at the root of the right lung, extending to the bronchial and cervical glands. A few small tumours like large peas in the substance of this lung, towards its posterior border.

Heart. Slight effusion into the pericardium ; heart enlarged ; walls thin ; muscular tissue pale and flabby.

In order to secure the accuracy of the microscopic examination, I gladly availed myself of the kind assistance of Mr. Wilson of Bristol, a gentleman highly skilled in the use of the microscope.

Examination of sputa : the small cheese-like bodies floating in the centre of the viscid sputa, are composed of cells principally subrotund with fibrous bands connecting them, a few of the cells are fusiform, all are nucleated.

Examination of section of tumours : scrapings of the hard scirrhus portion present nucleated cells, many of a fusiform shape, aggregated by fibrous bands ; the softer portion in connection with and in the black pigment the cells are subrotund, nucleated, and some with nucleoli.

THE BRIGHTON PROTEST ANALYSED.

Resolutions passed by the Provincial Medical and Surgical Association, at a meeting held at Brighton on 14th August, 1851.

“ 1. That it is the opinion of this Association, that homœopathy, as propounded by Hahnemann and practised by his followers, is so utterly opposed to science and common sense, as well as so completely at variance with the experience of the medical profession, that it ought to be in no way or degree practised or countenanced by any regularly-educated medical practitioner.

“ 2. That homœopathic practitioners, through the press, the platform, and the pulpit, have endeavoured to heap contempt upon the practice of medicine and surgery, as followed by members of this Association and by the profession at large.

“ 3. That for these reasons it is derogatory to the honour of members of this Association to hold any kind of professional intercourse with homœopathic practitioners.

“ 4. That there are three classes of practitioners who ought not to be members of this Association, namely: First, real homœopathic practitioners; Second, those who practise homœopathy in combination with other systems of treatment; and Third, those who, under various pretences, meet in consultation or hold professional intercourse with those who practise homœopathy.

“ 5. That a committee of seven be appointed to frame laws in accordance with these resolutions, to be submitted to the next annual meeting of the Association.

“ 6. That the thanks of the Association are eminently due, and are hereby given to the Presidents and Fellows of the Royal Colleges of Physicians and Surgeons of Edinburgh, for their determined stand against homœopathic delusions and impostures.

“ 7. That the thanks of the Association are also due, and are hereby given, to the Universities of Edinburgh and St. Andrews for their resolution to refuse their diplomas to practitioners of homœopathy; but the Association feels imperatively called on to express its disapproval of any school of medicine which retains among its teachers any one who holds homœopathic opinions.

“ 8. That these resolutions be printed, and transmitted to all the

medical licensing bodies and medical schools in the United Kingdom; and that they likewise be inserted in the *Times* newspaper, the *Morning Post*, the *North British Advertiser*, *Saunders's News Letter*, all the British and Irish medical periodicals, and in such other journals as the Council may sanction upon the recommendation of the Branch Associations."

The prefixed resolutions, embodying the collective wisdom, we are told, of 800 medical practitioners, and much praised by the medical journals, seem to require few comments from us. At the same time we might be blamed for arrogance were we merely to proclaim dissent, without stating the grounds of it, from the deliberate judgment and conclusions of so large a number of our professional brethren. We are the rather called on for reasons of dissent that reasons of affirmation are offered by these resolutionists, who in this respect differ from some other bodies who have spoken on the subject. We are aware too that we should be doing great injustice to so numerous and influential a society, were we not to take it for granted that the reasons thus publicly alleged for the position its members have resolved to assume in future towards ourselves and all others of the medical profession who adopt to any extent the homœopathic system, are in truth the best reasons that can be alleged. Taking this view, we feel it our duty in a few sentences to propose, *seriatim*, with all becoming modesty, for the consideration of our readers, what remarks occur to us on these resolutions.

And generally we observe, that in these as in all the other recent fulminations against homœopathy (so far as they have come under our notice) we have to complain of the want of due precision. Homœopathy is *eo nomine* condemned, and its practitioners are denounced; but what conception the word Homœopathy represents in the minds of those who have been accustomed to use it as a stigma, and not as a definition, we have no means of discovering. That they regard it as something to be abhorred and avoided is plain enough; but that they have any distinct notion of the peculiarities and characteristics which distinguish it from all other doctrines and practices in medicine which are likewise to be abhorred and avoided, does not appear in these Resolutions, which imply no know-

ledge of homœopathy except that the system so named was propounded by Hahnemann. Accordingly no attempt is made to distinguish between things so widely apart as the *similar* law and the infinitesimal doses, even with a view to their separate condemnation. With every anxiety to do full justice to all our opponents, even to the most virulent and unreasonable of them, we must observe, that these indefinite denunciations expose those who make use of them to this remark, that they appear far more anxious to burn their brothers and rivals the heretics, than for the sake of truth to extinguish the heresy. Had this been their pure object and motive, they would no doubt have felt it necessary to be much more explicit; to shew in what precise respects the system was untrue which they were condemning; thus using means to reclaim those whom now they only persecute. In popular journals such indefiniteness might be pardoned, but not in the solemn Resolutions of a Medical and Surgical Association, and we must request our readers to keep in view throughout the following remarks this radical pervading vice.

I. If homœopathy be “utterly opposed to science and common sense” its vitality is very inexplicable. One or other it might be and yet live; but not both. Popular beliefs may be opposed to scientific truth; the discoveries of science may seem opposed to common sense and yet be largely received and credited; but here we are told is a doctrine equally opposed to both, and yet, as we know, and as these Resolutions imply, widely believed, practised and rested on. Our next remark is, that in stating homœopathy to be opposed to “common sense,” the Resolutionists appeal to the popular judgment on the matter; a tribunal of which the medical journals have lately affected to speak with great contempt. Having already with us so many persons distinguished for scientific attainments, and for the possession of an uncommon measure of common sense, we shall wait, with hope and patience, for the mature popular verdict.

We are further told that homœopathy is “completely at variance with the experience of the medical profession.” This reminds us of Hume’s argument against miracles: he said they were contrary to general experience, the truth being that they

are beyond it ; general experience not embracing the conditions under which they profess to appear. So of the curative effects of infinitesimal quantities of medicine given in accordance with the similar law, it may be truly said, that they are *beyond* the general experience of the medical profession ; it cannot be truly said that they are in any respect *contrary* to it. There is no doubt a very general experience of the effects of medicinal agents, given neither according to the homœopathic law nor in minute quantities ; there is a more limited experience of their effects when administered in accordance with the homœopathic law, but in large quantities ; there may be some experience of the impotency of infinitesimal quantities given otherwise than according to the homœopathic law ; but with what shew of truth can it be said, that there is any general experience of the effects of minute quantities, given in accordance with the homœopathic law, unfavorable to such administration ? On this point we refer our readers to Hahnemann's *Medicine of Experience*.

In conclusion, on the first Resolution we remark, that there are no tenable grounds for alleging homœopathy to be opposed to science, or to common sense, or to medical experience ; and that the contrary opinion of the Provincial Association is the unhappy consequence of prevailing ignorance on the subject thus rashly pronounced upon.

II. To the statement in the second Resolution we give a deliberate and explicit denial. It may be quite true that homœopathic as well as other practitioners have spoken with disrespect of the existing general practice of medicine ; and some of them may have done so indiscreetly and immoderately ; following too closely the example of those who have aimed at overwhelming homœopathy and its practitioners with obloquy ; but that in extent or intensity the vituperative language retorted by the disciples of Hahnemann at all nearly equals that which the other members of the profession have directed against him and them, is obviously and ludicrously untrue. It is too plainly the wolf accusing the lamb. We cannot imagine which of our fellow-practitioners are referred to as denouncing medicine from " the pulpit." Should any of them have been allowed to practise so irregularly, it is a matter for the bishops. That the most intem-

perate of homœopathists has ever extended his condemnation to "surgery" we cannot believe, at any rate it is beyond all our experience; nor can we conceive any empirical rule for the administration of drugs which can greatly affect the reduction of a dislocation, or the amputation of a limb, or any other of the principal operations of surgery.

On the other hand, we could quote examples without number from the writings of homœopathists, evincing their high respect for medicine, which they have done so much to advance in some of its branches; but at present we must confine ourselves to one extract, and it shall be from a work which appeared some years ago under the hands of the Editors of this Journal; and on the testimony there borne to the great benefits of medicine, and the veneration due to the long line of its promoters, we still heartily concur.

"It has been asked, in the second place,—If homœopathy be true how can the cures effected in the allopathic system be accounted for? The very nature of the objection would have prevented our noticing it at all, did we not gladly embrace the opportunity of entering here a protestation: that we advocate homœopathy as the best system of therapeutics we know of, but by no means as peremptorily exclusive and condemnatory of all others. That it is destined in the long run to work into methodical arrangement and harmonious simplicity the whole mass of facts and complex multitude of doctrines, which enrich and at the same time encumber the paths of medical science, must be the best cherished hope of all such as believe homœopathy to be founded in nature and borne out by experience; but there is more than an objector's ingeniousness in this round-about way of representing homœopathists as laying a claim to the absurd character of healing monopolists; or it requires more than a child's simplicity really to suppose that, should Hahnemann's system be true, the cures of allopathy become a Sphinx's riddle, past Œdipus's finding out. The glories of medicine, of allopathic medicine, stand recorded in Time's book, whose leaves are centuries, whose characters are the doings and sufferings of mankind; universal conscience and universal gratitude bear witness to its beneficial working from the remotest ages down to the present generation. With feelings of reverence do we look to the past; tradition and authority are both venerable, though neither infallible in our eyes. We defend our cause, and only turn

agressors, insofar as self-defence renders it necessary; we demand the liberty of opinion and the right of choice that we respect in others; we put in a claim for admission into the academical pale, in behalf of a system which professes to court whatever severest ordeal and scrutiny may be imposed upon it, as the condition of its right of citizenship; we long to inscribe a new glory in the annals of the science, whose humble but conscientious votaries we are, and to add a new boon—a new blessing—to those that medicine, through every succeeding generation, has bestowed upon suffering humanity. But who ever presumed to mark out the boundaries of medical industry and success? Is there not an infinitude of possible lines between two points although the shortest be but one? Or did our objector never bethink himself that something analogous possibly attaches to the allopathic system, wherein notorious differences of speculative and practical views in eminent men are far from being constantly attended by a corresponding disproportion in the ultimate results? There is as much ground for being sore puzzled at sailing vessels having crossed, and crossing, the Atlantic, because steamers now do so at an increased rate of velocity.”—*Introduction to the Study of Homœopathy*.—(pp. 15-17.)

III. This Resolution professes to be based on the preceding ones, stating the conclusion to which they have led. We have already shewn, we believe to the satisfaction of all candid readers, how utterly groundless are the statements in the former resolutions; and with these foundations must also perish this superstructure. But even were it otherwise, could it have been alleged with any truth that the homœopathic practice is unscientific and senseless, and that its adherents are distinguished even in their profession for speaking with contempt of other modes of practice than their own; still even these grave faults will not justify such a schism as the resolutions propose to enforce. It is quite plain that any blame justly attaching to the disciples of Hahnemann, upon such grounds, rests also upon many of their opponents, and the disastrous effect of carrying out to its logical consequences such a system of excommunication will be to split up the body of medical practitioners into a congeries of isolated individual atoms.

IV. The next Resolution needs no answer. It exhibits the

extremity of professional hostility against homœopathy ; for it excludes not only those who are themselves tinged with the heresy, but all who, even from charity and large-heartedness, have any intercourse with the heretics.

VI. We beg leave to concur in a vote of thanks to any who shall appear to have made a "determined stand against homœopathic delusions and impostures," which none can be more anxious to put an end to than ourselves ; but we are at a loss to discover in what respects either of the Edinburgh Colleges has merited such an honorable distinction.

VII. It will surely be time enough for the Provincial Association to tender its thanks "to the Universities of Edinburgh and St. Andrews for their resolution to refuse their diplomas to practitioners of homœopathy" when they shall have so resolved respectively : hitherto the governing body of the University of Edinburgh has shewn no inclination whatever to countenance the late irregular proceedings of its Faculty of Medicine ; and of St. Andrews we do not yet know that the recent doings there, with reference to homœopathy, have any authority but what is derived from the autocratic fiat of the Professor of all Medicine in that remarkable school.

Having now laid before our readers these Resolutions, with our comments upon them, we leave the matter to their judgment ; confidently expecting their concurrence in this conclusion : That we have great reason to congratulate ourselves that the most pleadable reasons which can be alleged in justification of the recent proceedings against us are so illogical, insignificant and untenable.

REVIEWS.

THE LESSER WRITINGS OF SAMUEL HAHNEMANN. *Collected and translated by* R. E. DUDGEON, M.D. London :—
W. Headland.

MUCH as we admire Mr. Cobden as an effective corn-law repealer, we are quite at issue with him when he asserts that there is more

instruction to be had from a single copy of the *Times* newspaper than from all the writings of Thucydides ; and we believe that one of the most fatal tendencies of this age is the depreciation of history and an impatient anxiety to obtain results without any curiosity about the means. We seem satisfied with the existence of the fruiterer's shop, and don't trouble to ask whether there are gardeners or not. One of the obvious evils which flows from this is an insufficient respect for the labour of those who have supplied us with the fruits we enjoy, and so long as we undervalue the toil which was required to produce the effect, we cannot form a just estimate of the result. A life time may be spent in elaborating a proposition expressed in three words. If we are satisfied with using the proposition as a pick to open the locks which impede our path, we can never hope to improve or develop the idea thus summarily expressed for our convenience. We may navigate our vessel by the tables which mathematicians have calculated for us, but let us not imagine that we are thereby astronomers. These remarks were suggested by a perusal of the volume whose title forms the heading of this notice ; and we feel confident that an attentive study of the papers now collected for the first time, by all medical practitioners, would produce the most beneficial effect upon the future course of the art of medicine in this country. To the homœopathist it will be a task of unqualified gratification, like reading a truly national history ; he will see a vigorous, sagacious, learned mind expressing itself in all varieties of style, from the most colloquial and familiar to the most elaborate and ornamental, and master of every style he uses : so that merely as a literary work it is no small treat. And he will see, as he traces the germ expanding into the full fruit, how slowly and carefully the process of elaboration went on ; and he must be impressed with this wholesome lesson : that the results ultimately arrived at by Hahnemann, though they ought to be carefully investigated before acceptance, ought to be still more carefully examined before they are rejected : the study of the history of a nation impresses us with the immensely greater importance of the nation than of any of its sects, and the true antidote to sectarian narrowness is an appeal to national feeling.

The name of Bannockburn unites in one common feeling Scotchmen of all creeds. In the same way, a thorough acquaintance with the history of our great movement brings out into so unmistakeable a prominence the points in which we all agree, and places in their proper littleness the trifles on which we differ, that we feel almost ashamed to allude to any divisions among us at all.

While to those who have already adopted homœopathy we regard this book as quite as indispensable as the *Organon* or the *Materia Medica*, we cannot conceive a better book to put into the hands of enquiring students. It is far more intelligible and far less repulsive than the *Organon*, and leads the mind more gradually to the adoption of the truth through the very road by which it was discovered. It would be well for the profession at large if they could be persuaded to study this work; hitherto it has been a sealed treasure to them, but now they will have no excuse for their ignorance. It contains a specific refutation of almost every charge made against homœopathy, and it would be almost impossible for any honest man to indulge any longer in the hackneyed objections after its perusal.

It is not our intention to enter into a review of the work at this time, and we shall conclude this notice by a quotation to shew how one of the very shallow objections urged against homœopathy by Professor Christison in his inaugural address to the students at Edinburgh this year, had been anticipated fifty years ago by Hahnemann.

“It is undeniable,” he says, “that all important discoveries in science at large are preceded by a period of incubation as it were, during which the world is gradually prepared to receive them. . . . There has been no shadow cast before the coming event, no antecedent approximation, no universal adoption, no contending claimant.” (*Dr. Christison, Inaugural Address in 1851.*)

“Dr. Herz’s essay,” writes Hahnemann, “*On the medicinal uses of Phellandrium aquaticum, &c.*, in the first part of the second volume of the *Journal der practischen arzneikunde*, plunged me into a sort of melancholy which only by dint of long-continued reflection has given place to a remote but lively hope.

“Here one of the most thoughtful physicians of our time, after

twenty years of active practice, finds himself obliged repeatedly to make the open but most melancholy acknowledgment (p. 40), 'that we can lay no claim to the attainment of the ideal of simplicity in medical treatment'; 'that the hope of ever arriving at perfect simplicity in medical practice cannot be otherwise than very feeble.' The obstacles to pure observation of the effects of medicines in the various diseases, he enumerates with most overwhelming fulness of detail, and then he leaves us alone in the old well-worn path of uncertainty, almost without a cheering glance at a better futurity, a simpler, surer method of cure, unless we are to reckon his very complaints *as foreshadowing coming improvements*, just as the impassioned warmth of the sceptical casuist has always appeared to me a proof of that immortality he would deny." (*Hufeland's Journal*, 1797, p. 358 of Dudgeon's translation.)

So according to this reading, the stationary teachers in our Universities are themselves casting the shadow of the advent of the coming event, which they will not, because they dare not recognize!

HOMŒOPATHY AS APPLIED TO THE DISEASES OF FEMALES, &c.
By Thos. R. Leadam, M.R.C.S.

IN the present state of our science, the appearance of every new practical work is a source of interest to us not unaccompanied by anxiety, though, in the instance now before us, the well established reputation of its author led us to expect a good deal, and to look forward with confidence to it as a valuable addition to our homœopathic literature. Neither have we, in one sense, been disappointed, Mr. Leadam has shewn himself to be well acquainted with the literature of his subject, and his pathological views are in most respects similar to our own. As regards the therapeutic part of the work, we must acknowledge that it contains in a marked degree the peculiar faults which have hitherto characterized every work of the kind that we have met with, and which have convinced us that the time has not yet arrived in our infant science for the production of works of this class. It is no doubt necessary to have one or two general works which may be used by beginners and prove useful to

them, by putting them into the way of applying the riches of our *materia medica* to practical purposes, and this want is sufficiently well supplied by one or two of the better “*Domestic Homœopathies*” which have been published—but to attempt much more than this, is, we repeat, in our opinion premature, and for the following reasons:—

All practical works must be founded upon some nosological arrangement; there must be names for all diseases, then a definition to mark out what these names indicate and to enable the practitioner to recognize them clinically, and then must follow the suitable treatment; but when this is attempted by a homœopathist, he is at present compelled to draw his nosologic and diagnostic remarks from allopathic sources, and to employ the crude ill-defined terms still current in old school literature for his illustrations, and the consequence is that when he arrives at the therapeutic part his generalizations completely fail him, and he is driven to subdivide and individualize to such an extent, when endeavouring to give the indications for any given medicine, that it would often “puzzle a conjurer” to trace accurately the connection between them and the original description given of the malady.

Again, in consequence of all this perplexing subdivision which the superficial generalizations of the old school nosology have rendered necessary, one is compelled to introduce so many different remedies under each head, that a practical work at present has to steer between the almost impassable Scylla and Charybdis of excessive meagerness on the one hand, or a profuseness on the other, which destroys all claim to its being a practical guide, since after all one’s trouble of reference one is at length driven back to the original source of our information, the *Materia Medica Pura*. Be it remembered we are not saying that this should not be, we are rather endeavouring to show that at present these difficulties cannot be overcome, and we maintain that so long as they exist any multiplication of practical works, such as that before us, is of no real value either to the homœopathic student or to the practitioner. The authors of such works must for the present either limit themselves to the detailing of individual cases, and carefully indicating the reasons why such and

such remedies were selected, &c., or they must discover some entirely new method of nosologic description, which will obviate the present necessity for interminable subdivision under each head. It is a very cheerless task to spend one's time and mental energies in working out some refined point in diagnosis, and having accomplished this and thus ascertained where to find the therapeutics of the disease in some practical work, to have arrayed before one some 20 or 30 remedies, the greater number of which find a place in every section of the work. But more than this, in connection with this said individualization we have observed a very curious circumstance in every practical homœopathic work to which we have yet had access, and that is that in the selection of the remedy too much stress is laid upon the *exciting* cause of disease, an error which we believe to be very serious, and most obstructive to any real advance in the science of our art. Let us give an illustration of this, selecting one of many which occur in the work before us. At p. 168, in speaking of Lactation, after descanting on the merits of *agnus castus*, Mr. Leadam remarks: "It is equally useful when, in the course of nursing, the milk diminishes or disappears without any assignable cause, or becomes impoverished; but if the cause is recognized, the remedy should be given in respect to it: if it has been caused by a fit of anger, *chamomilla*; if by grief, *ignatia*; if by jealousy, *hyoscyamus*, or *phosphoric acid*; if it was the effect of a chill or taking cold, *dulcamara*, &c." Now if we refer to the Materia Medica, even taking into account the mass of doubtful "*ex usu in morbis*" symptoms introduced by Jahr, we only find mammary symptoms in three out of the above five remedies, viz., *cham.*, *dulc.*, and *phosph. acid*, and indeed in the case of the latter, only one symptom occurs, viz., "Sharp pressure in left mamma," while in the other two the symptoms are all derived from the less pure source of clinical observation. We may observe that we have selected this example at random, having noticed several of the same kind in various parts of the book; indeed similar instances occur abundantly in most, if not in all the practical works on homœopathy with which we are conversant; but surely a little examination will shew that such a method of selecting a remedy is but little in accordance with the spirit of true homœopathy. In the case before us,

where an important function is suspended, it is surely not sufficient, in selecting a specific, to ascertain the exciting cause of the morbid phenomenon, and then apply a remedy capable of increasing the susceptibility towards such exciting cause, without considering at the same time its pathogenetic relation to the organ affected. Several persons may be exposed to the same exciting cause, and while one suffers in consequence from headache, another will have colic, a third diuresis, a fourth will faint, and a fifth will have an hysteric convulsion; but surely no strict homœopathist would treat these five persons by the same remedy, unless it embraces in its pathogenesis the five distinct morbid conditions just enumerated: and yet on referring to most practical works on homœopathy you will find recommendations which would lead one to conclude that such was our true method of selection. When the exact morbid action is unrecognizable, *i. e.* when general symptoms alone manifest themselves, or when an affection is produced which is not to be found in our pathogenetic records, the practitioners would then be warranted in selecting a remedy known to increase the susceptibility to suffer from the same exciting cause, which his examination has proved to be operative in the case under consideration. But as long as this is not the case, it is his duty not only to find a remedy which exalts the susceptibility, but which also acts specifically upon the organ which in his patient has proved the suffering one. Without such correspondence the treatment, however satisfactory it may chance to prove, partakes of that indefiniteness which has ever been the bane of allopathic practice. We have repeatedly noticed in conversation with our brethren that the fault above alluded to exists most markedly in those who pride themselves upon being pure Hahnemannians, who have a perfect horror of what they call "treating names," and who loudly proclaim the necessity of individualizing every case, and treating it in exact accordance with its symptomatology; and yet if you carefully examine their practice you will find that this exact correspondence is often reduced to a coincidence of causation as above stated, or to the resemblance of some very out-of-the-way symptom which may in reality have little, if any essential connection with the

morbid process. Thus, for example, Boenninghausen, in the preface to his *Pocket Book*, relates approvingly a case where *carbo animalis* was selected in consequence of the patient becoming worse after shaving, which symptom has found a place in its recorded pathogenesis, whereas we should feel more disposed to call this a lucky hit, while we should feel bound to condemn the practice, however successful, as most unsatisfactory in its tendency. If such a method of selection be once fully admitted, our practice would become so intensely mechanical as almost to merit the censure passed upon it in Dr. Forbes's celebrated article on "Young Physic." For our own part we feel that the only real progress of homœopathy will be in the direction of pathology. The two sciences of pathology and pathogenesis are obviously calculated to mutually elucidate each other, and to advance *pari passu*, and we confidently expect that a time will come when servile symptom-hunting will be no longer urged upon us by any of our colleagues, and when moreover our *Materia Medica* will be purged of the overwhelming mass of symptoms whose real significance is, as yet, so little understood.

Let it not be supposed that we would desire to see introduced into homœopathic practice the hypothetic speculations regarding pathology, which still abound in allopathic works—where men first build up a theory of the actual condition of the diseased parts during life, and then frame their notions of the actions of remedies so as to fit in with these preconceived opinions,—far from it; nay, we had rather see our brethren continuing their present mechanical method, than indulging in the dangerous field of speculation, but we are nevertheless anxious that their efforts should be directed towards a truer pathology as an aid to a more certain therapeia, and that they should not rest contented with a few striking, chiefly because unusual, corresponding symptoms, as sufficient indications for the employment of a remedy, without ascertaining carefully the more essential point of a similarity in the sphere of action.

Having made these remarks on what we believe to be certain faults which this work shares with most others of its class, we will now proceed to examine the individual merits and demerits of the book itself. We have already remarked that, with the

above limitations, we like the book, and consider it very creditable to its author. We cannot say that we have met with many original remarks, but Mr. Leadam shows himself to be well versed in the present views of uterine pathology, and to have carefully gathered together most of the therapeutic indications which find a place in Jahr, Boënnighausen, &c. &c. On some few points however we consider his work deficient, more especially as regards practical observations. We especially noticed this in the section of Hysteralgia, one of the most troublesome diseases with which we are acquainted, and one which is by no means rare, and yet all we have in the way of treatment is a bare enumeration of 17 remedies, without one single definite indication, and a recommendation to refer to what has been said under the head of dysmenorrhœa.

At page 84 occurs a paragraph which we hope we have somehow misunderstood, as we cannot imagine that the author really meant to say what he appears to us to have expressed. Speaking of the symptom of uterine congestion attendant on incipient pregnancy, Mr. Leadam remarks: "The allopathic system has only the direful resources of the lancet and the relaxing action of warm baths to oppose to these sufferings; as if the action of warm water *could* relax the tissue of the living uterus, in the same manner as when that organ is subject to maceration after being removed from the dead body!" Now on the face of it, this paragraph would infer that allopathic practitioners were in the habit of explaining the relaxing effects of warm baths as analogous to the process of maceration, a puerility which we have certainly never met with in any pathological work that has fallen into our hands. It is a great pity that our homœopathic authors appear disposed to hold up their allopathic brethren to ridicule by exaggerating the fallacies of their mode of practice, for this procedure has an effect the very opposite of what is intended, since the false colouring is pretty sure to be detected, and the reader having found his author over-stepping the bounds of rigid accuracy in one point, is led to take all his statements *cum grano salis*. In like manner we repeatedly find homœopaths comparing our method of treatment with the very worst specimens of *Sangrado* doctoring, which is obviously most

unfair and which inevitably induces men to think that, if we exaggerate so much the evils of allopathy we are just as likely to overrate the benefits of our own mode of practice.

At page 98, in treating of palpitation, Mr. Leadam makes no mention of *bryonia*, *lachesis*, or *spigelia*, which three remedies we have found among the most effectual in subduing the tremulous action of the heart in nervous and hysterical disorders, as well as in more grave organic lesions. We miss *magnesia carbonica* among the remedies for toothache during pregnancy, which has repeatedly proved effectual in our hands, more particularly when the affection is especially troublesome during the night.

In pp. 161-3, there are some excellent remarks on the state of the bowels during the puerperal state, which well merit the careful attention of those of our number who have not yet emancipated themselves from their old school notions on the subject of alvine evacuations.

At p. 178, our author tells us that the practitioner "need not trouble himself to puncture these abscesses of the breast, but may safely leave them to the action of the medicine, which will save his patient much pain, considerable emotion, and a disagreeable cicatrix." Now in this we cannot concur; we believe our remedies very often prevent abscesses from occurring, we believe also that they diminish materially both the local and constitutional sufferings attendant upon them, and we think they expedite the process of maturation, but we are confident that we have seen greatly more pain, more emotion, and more disagreeable cicatrices after abscesses allowed to open of themselves than have in our hands followed the judicious employment of puncturing. When the pus rapidly approaches the surface and one single spot of skin becomes attenuated and the abscess points well, we would certainly leave well alone, but it often happens that after distinct fluctuation is perceived a broad piece of the integument becomes inflamed and attenuated, and then a number of points give way, causing a honeycomb wound, very troublesome to heal, owing to its partial analogy to a sinus; and indeed it not unfrequently happens that the intervening portions of skin between the various openings are dissolved by

ulceration, and the wound becomes three times larger than it would have been if opened earlier.

At pp. 219, 220, Mr. Leadam breaks a lance with Dr. Madden in reference to his paper on uterine disease, read before the Congress at Cheltenham in 1850: the whole gist of which lies in a misapprehension of Dr. Madden's meaning. If Mr. Leadam will refer to his paper again he will find the difference between himself and Dr. M. is by no means so great as he imagines. Dr. Madden only speaks of the use of local remedies where the constitutional have failed, and he expresses the hope that the time may arrive when adjuvants may prove unnecessary, and he also lays great stress on the essential importance of combining constitutional with local treatment: whereas Mr. Leadam appears to think that he considers the local alone sufficient. In a foot-note Mr. Leadam observes that certain remedies, which he believes to be the most valuable in the treatment of chronic metritis, &c., were only employed a very few times by Dr. M., and evidently infers that this may account for his want of success, but Mr. Leadam has overlooked the fact that Dr. Madden expressly states that he only noted down in his schedule the remedies which did good. We had, however, the curiosity to enquire from himself the frequency with which *lycopod.*, *hepar sulph.* and *calendula*, were used, and he informs us that on cursorily glancing over the original notes of the 180 cases reported, he found *lyc.* had been given to 26, at different times and in different potencies; *hepar* to 12; *calendula* he had not used, its value in uterine diseases, especially as a local remedy, having been first mentioned to him at the Cheltenham Congress by Mr. Blake, and he adds: "*since that time I have never once required to employ local escharotics: calendula properly used has hitherto served the purpose fully as well, and often much better:*" thus demonstrating, we think, that Dr. M. has no peculiar prejudices in favor of escharotics, but merely a desire to employ such means as he finds most efficacious. At pp. 254-5, Mr. Leadam describes certain cases of ulceration of the os, wherein he remarks: "Such examples usually turn out to be connected with malignant induration of the os and cervix. They heal up very kindly under homœo-

pathic treatment, even though the induration remains for a time." Now we believe Mr. Leadam would do a great service to many of our brethren if he would publish a series of such cases treated successfully by him, it being essential however that they should have been examined again and again by the speculum, so that the results may have been verified, and not merely conjectured on account of the cessation of pain, discharges and the like, which we know may all go off while the ulcer itself remains unchanged. *Part IV* contains some excellent remarks on Chloroform, and its application during parturition, which well merit serious attention by those engaged in midwifery practice. We have already extended our notice of this work so far that we can afford space for very few remarks on *Part V*.—"The Management and diseases of Infancy and early Childhood." We are not satisfied with his account of hydrocephalus; he does not distinguish between the tubercular and the other varieties of this disease, and yet it is of immense importance, as we have never yet met with a case of true tubercular hydrocephalus which has yielded to treatment; on the contrary, the disease has proved invariably fatal under every variety of treatment. In the last page of the book we have a very curious statement. Mr. Leadam informs us that "the treatment of porrigo favosa is a triumph for homœopathy," and that "*in almost all cases*" *sulph 5* "persevered in for some time, with the occasional interposition of a dose of *mercurius*, will suffice to cure the disease." We should much like to know how many cases Mr. Leadam has thus successfully treated, for we have certainly met with several where not only *sulph.* and *merc.* but every other remedy usually recommended for this affection have proved utterly powerless, even though persevered in for twelve or eighteen months. However we certainly do cure this and other affections of the scalp far more easily and successfully than they can be cured allopathically, nevertheless we confess we should scarcely have fixed on the treatment of porrigo favosa as a homœopathic triumph.

DE L'ANESTHESIE ET DE L'AMYOSTHENIE AU POINT DE VUE DES SYMPTÔMES, DE LA MARCHE, DE L'ETIOLOGIE, DU DIAGNOSTIC, ET DU TRAITEMENT DE QUELQUES AFFECTIONS NERVEUSES EN GENERAL ET DE L'HYSTERIE EN PARTICULIER ; par VICTOR BURQ, Docteur en Medecine. Paris, 1851.

"NERVOUS affections in general, and hysteria in particular,"—diseases common enough and puzzling enough for the doctor—we should certainly feel much indebted to any one who could throw light upon the pathology of such troublesome affections and facilitate their cure. This is what Dr. Burq professes to do in his Essay, and we shall at once proceed to examine the claims his system has to our confidence; and this we do the more willingly, as we well know that with all the superiority of our homœopathic method of treatment, and notwithstanding that our adversaries are continually alleging that it is only in nervous and hysterical diseases that we sometimes do good, these are precisely the class of patients we find it most difficult to treat successfully, and it is by no means an uncommon occurrence that we entirely fail in all our efforts to cure them. If then the system here revealed should point out to us a better way of treating such affections, we shall give it a most cordial welcome. Our adversaries, who have always been abusing us for being globulists, have recently discovered another weighty reason for vilifying us, namely, that we do not always stick entirely to globules in our treatment, but that we occasionally form an unhallowed alliance with hydropathy, animal magnetism, and every other heretical system. This they bring forward as a proof of our moral turpitude and dishonesty, forgetting that as medical men we are pledged to do what we consider best for our patients, in order to restore them to health, and that the best thing to do for this end is not always the giving of physic, nay, that even the total abstinence from drugs of all kinds is sometimes the best treatment we can adopt. When however we deem it requisite to give medicine, we hold that the best system to go by is the homœopathic; but we are no more bound to give physic to every patient that applies to us than are our opponents, that in short, besides being homœopaths, we are phy-

sicians—*Heilkünstler*, healing artists, as the Germans express it. Accordingly we are ever ready to enquire into every new method that promises relief to suffering, provided it does not consist in an administration of drugs on any other than the homœopathic principle, which we know to be the best, and we are equally ready to adopt such system should it fulfil its promises. The circumstance of our so acting has, we believe, the effect of prejudicing the minds of old-school practitioners against each successive new system, which they find invariably to form an alliance with that tremendous quackery—homœopathy.

But to our subject. Our author having long made a study of nervous diseases, discovered certain constant phenomena connected with them, which led him to invent a mode of treatment as novel as it is ingenious, provided it be successful, which we can scarcely doubt it is in many cases, from what we have ourselves witnessed of its effects, and from the testimony of several distinguished French physicians. We shall give a brief resumé of the author's physiological and pathological views, and describe his new therapeutic appliances as succinctly as possible, premising that in this as in other cases the facts must be considered independently of the theory, which is usually but a peg to hang the facts on, and may be correct or not without detracting from the value of the latter. This may seem, as indeed it is, a truism, still it is a truth that is too often overlooked, for it is by no means rare to find persons deluding themselves with the idea that they have completely disposed of a series of facts, when they have succeeded in proving the incorrectness of the theory on which these facts had for the nonce been strung.

Our author distinguishes two kinds of sensibility—sensibility to touch, and sensibility to pain. Deficiency or absence of the former he calls *anæsthesia*, of the latter *analgesia*. These deficiencies of sensibility, when they occur as a symptom of nervous diseases, always move from the more superficial to the deeper-seated parts. Unless they are general they usually do not involve a large continuous surface, but leave certain portions here and there that are completely sensible, and sometimes even more so than ordinary. Anæsthesia and analgesia as morbid symptoms

are most frequently first met with in the superior extremities, especially the external surface of the forearm, less frequently on the inferior extremities, and rarely primarily on the trunk; but afterwards they may affect every sensitive surface of the body, including the mucous membranes. Anæsthesia is generally accompanied by diminution of temperature, abundant transpiration, and diminution of the superficial circulation.

The modes of testing the existence of these defects of sensibility pursued by our author are by pinching the skin, or pricking it with a very fine needle.

Another phenomenon accompanying nervous diseases is a diminution of muscular force, which our author tests by means of a peculiar dynamometer. When the muscular force is, relatively to the size and consistence of the muscles, below the natural standard, there exists that state called by the author *amyosthenia*. Amyosthenia usually commences before anæsthesia, and often appears first in the inferior extremities.

Our author divides *nervoses*, or nervous diseases, into two classes. 1. Those which do not seem to present any constant phenomena of anæsthesia or amyosthenia, such as epilepsy and chorea, and these he does not consider suitable for his peculiar treatment. 2. Those which present constant phenomena of this character, such as hysteria, hypochondriasis, and some neuralgias; these he considers amenable to his method. Hysteria is the affection to which our author has chiefly directed his attention. This disease he alleges is always accompanied by a diminution of sensibility or muscular force, or both. He considers these phenomena as the pulse of hysteria, which the physician should never neglect to feel. He holds that they are the touch-stone of the disease, placed there to indicate the means for its cure, and that almost all the treatment necessary for effecting the cure of hysteria, is to find an agent capable of entirely removing the anæsthesia and the amyosthenia, and of restoring the sensibility and muscular power to their normal state.

Dr. Burq imagines diseases of this class to be dependent on a diminished conducting power of the sensific and motor nerves, whereby the nervous influence or fluid is not conveyed equally

to all parts of the body ; and on this is founded his treatment, which consists in the application of metallic conductors or plates to various parts of the body, whereby he supposes the nervous fluid or force to be conducted to those parts where it is defective. Accordingly on the application of a suitable metallic plate or conductor to the anæsthetic or amyosthenic limb, in the course of a period varying from a quarter of an hour to two or three hours, the sensibility and muscular power are restored to a considerable extent, often completely. He found however in his experiments that the same metals do not produce these beneficial effects in all individuals. Thus one will be acted on by conductors of brass, whereas another is quite insensible to the action of that metal, but displays a perfect sensibility to steel ; another is acted on by silver only, a fourth by gold. He likewise noticed that the pure metals rarely if ever produced any effect, and that to obtain the desired action it was requisite to use alloys or mixed metals. He also found that highly polished metals produced no effect. That the action of the metal was not of a magnetic or electric character he discovered by observing that it often acted quite well through silk, and that its beneficial effect was immediately suspended by a weak stream of electricity or magnetism.

If the metallic plates that at first shewed a beneficial influence by restoring sensibility and muscular power be left on too long, they will cause a diminution of both these, therefore it is important to watch their effects, and, on the first signs of a cessation of their beneficial action appearing, to remove them. It rarely happens that the metal that did good at first, ceases to have a beneficial action, but when this is the case it will be found that some other metal may be substituted with advantage. He found that persons susceptible to the action of copper or brass, were invariably liable to be affected by animal magnetism.

Dr. Burq's mode of procedure in the case of a hysterical patient is as follows. He ascertains by means of pinching and pricking if the skin be not more than usually insensible in some part, and by means of his dynamometer, if the muscular force be not below the normal standard, and having discovered, let

us suppose, that such is the case, he applies his metallic plates successively until he discovers which metal it is that removes the insensibility and restores the muscular power. In order to arrive more quickly at a conclusion on this point, supposing he finds that both arms are defective in sensibility, he applies one metal to one and another to the other, or he applies a different metal to each finger, and by means of a needle he soon ascertains which metal has the power of restoring the sensibility. Having discovered this he places what he calls an armature of the metal indicated upon the patient, consisting of one or more plates of the metal on each limb, and occasionally on other parts of the body, or on the head. These he leaves for a greater or less time, according to the effects produced, but generally during the night when the patient is asleep.

The following table shews the frequency with which the various metals acted upon fifty-five hysterical patients.

The re-establishment of sensation and muscular power took place rapidly and completely

In 26, by copper.

In 7, by steel.

In 3, by silver, 2nd alloy.

In 1, by silver, 1st alloy.

In 2, by gold, 2nd alloy.

In 6, copper did not act, or only slowly.

In 2, (paraplegics) steel only acted on the sensation.

In 8, (four of them being paraplegics, or hemiplegics,) copper had no action ; neither had gold, silver, steel nor platinum.

Of 12 women affected with nervous paralysis, hysterical or other, the duration of which varied from one month to one or more years—2 were cured by copper, 3 by steel, 1 by the 2nd alloy of silver, and a relapse that she had, by bell-metal, 2 were ameliorated by copper, 1 only felt transitory effects from its use, and 2 experienced no benefit, though one of them became quite sensitive under steel.

We should like to give a few specimens of the cases treated by Dr. Burq, but have not room for more than one.

A country girl came into the hospital on the 27th of August 1849, for a complete nervous paraplegia with amenorrhœa and hysterical convulsions. In March 1850, in spite of various modes of treatment to which she had been subjected, she was scarcely ever

able to rise from her bed. She had only once menstruated, in January 1849, except a very slight show at two different periods subsequently, but then scarcely enough to spot her linen. On the 23rd of March, Dr. Burq examined her and found anæsthesia, which was rapidly removed by copper. On the 25th she had an armature applied for from 8 to 10 hours; the same on the 26th, 28th, and 29th. On the 27th she was so much fatigued as to be unable to bear the treatment. Such was the rapidity of the action of the metal, that the menses appeared on the 28th, eight days before the time when they were thought to be due, and they lasted till the 31st. On the 30th (Easter Sunday) she was so well as to be able to go to church assisted by one of her companions, and to return in the same way, after having performed her part in the ceremonies of the grand mass. She left the hospital quite well on the 17th of June, and has continued well ever since.

The field of enquiry opened up by Dr. Burq's observations is certainly interesting, and we trust he will continue his investigations. His theory is not destitute of plausibility, and the facts he adduces are testified to by some of the most eminent professors of the Faculty of Medicine of Paris.

One important practical point communicated to us by Dr. Burq we must not omit to mention. He has observed that all nervous diseases are accompanied by dyspepsia to a greater or less degree, sometimes so great as to cause total want of appetite, so that the patient seems absolutely to eat nothing for weeks or months. Dyspepsia indeed is the symptom of which most of these patients complain, and on the other hand a vast number of dyspeptic patients are merely affected with nervous diseases. The cause of these dyspeptic sufferings he attributes chiefly to sedentary occupation, want of exercise, &c. whereby the equilibrium of the nervous influence is disturbed, and while an undue amount of nervous force is concentrated at the stomach (and brain, giving rise to nervous and dyspeptic headaches), the extremities become deprived of their proper share, as shewn by the loss of sensibility and muscular power. When by the application of the appropriate metallic plates the sensibility and muscular force are re-established in the extremities, the dyspeptic symptoms immediately cease; but if before the cure is complete the treatment is discontinued, along with the insensibility and debility the dyspeptic symptoms immediately

return. This, if authentic, which we have every reason to believe, is a fact no less important than curious, and subversive of the ordinary views that would ascribe all the debility and nervous symptoms to a primary derangement of the stomach itself.

THE PREVENTION AND CURE OF MANY CHRONIC DISEASES
BY MOVEMENTS, by M. ROTH, M.D. London, J. Churchill,
1851.

THE system of which we formerly gave a brief notice under the name of kinesipathy has found an able exponent in Dr. Roth, who in the above work treats of the subject in extenso, and describes the whole system of Ling with the greatest minuteness of detail. As his descriptions are accompanied by diagrams illustrative of the various movements, active and passive, and the postures employed in this useful and effectual system, even those who never have witnessed anything of the practice will be enabled with this as their manual to apply to practice a system whose value is acknowledged by all who have examined it. We have not space to give more than a brief notice of this interesting and valuable work, which we earnestly recommend to the attention of our colleagues, as we feel convinced that Ling's system is the only rational system of gymnastics, and we have little doubt that it will ere long be recognised as such in every country of Europe, and we trust to see institutions similar to those in Sweden established for the purpose of practising and teaching both the pedagogical and therapeutic exercises and movements first systematized by Ling. Dr. Roth's is the first work that has appeared in England which gives a clear and lucid account of the practice, and we hail its appearance with great satisfaction. The novel practices this system enjoins, demand a novel nomenclature to designate them, and this difficulty Dr. Roth has overcome without departing from the English idiom, and without sacrificing plainness and accuracy to the fancied elegance which recourse to Greek compounds give.

CORRESPONDENCE.

Demonstration of the Physical Action of Homœopathic Remedies.

Dr. Madden of Brighton in a letter dated the 6th September informs us that he is at present occupied with a series of experiments, which, though still incomplete, he considers of great importance to homœopathy, in which opinion we fully agree with him, and have much pleasure in laying the following extract of his letter before our readers. He commences by saying :

“1, That I can now render evident to the senses the action of our remedies even at the highest potencies: 2, That I can demonstrate physically the truth of the homœopathic law: and 3rd, That I can prove the action of our remedies to be, in a certain sense, totally independent of quantity.

“I must, however, give you a brief history of what has led to this discovery. A gentleman of eminent scientific accomplishments in this town, Mr. Rutter of Black Rock, has recently invented a Magnetoscope, of extreme delicacy, capable of indicating the existence and modifications of magnetic currents in the human body. About three weeks or a month ago he showed me this instrument as a matter of scientific curiosity, and he at the same time showed me the extreme susceptibility to modifications which the currents in our body possess. I at once saw the possibility of being thus able to demonstrate on this instrument the presence and action of our remedies. As Mr. Rutter is, I hope, about to publish an account of his most valuable discovery, together with a series of experiments, opening up an entirely new field in magnetic science, I do not feel at liberty to describe his machine, but may just state that the indicator is in the form of a pendulum, the weight of which is capable not only of oscillating but of revolving in all directions, forming circles, ellipses, &c. Now Mr. Rutter has proved that when the fore-finger and thumb of the right hand of the operator are placed in contact with the fixed part of the machine the pendulum is set in motion in a circle from left to right—this he terms the normal or direct current. Various circumstances, however, are capable of altering and modifying this current, producing reverse circular motion, *i. e.*, from right to left, or direct oscillation, *viz.*, in a straight line to and from the hand of the operator, or transverse oscillation, *viz.*, at right angles to the operator's hand; in addition to which there are oscillations for every point of the compass, and elliptical motions in every different direction with direct and reverse currents, and be it remembered *every one of these are constant under similar circumstances*, and can of course be repeated at pleasure. I may add that the instru-

ment is so constructed that the operator cannot voluntarily produce any action on the pendulum as he only touches a firmly fixed part of it. I commenced my experiments with very low dilutions, viz., those in which the remedy was easily detectable by physical or chemical means, and I find that every remedy which I have tried (about 20 as yet) acts powerfully on those normal currents producing numerous and characteristic modifications thereof. The mode of experimenting is as follows: The operator touches the fixed part of the Magnetoscope with the fore-finger and thumb of his right hand, and when the normal motion is fully set up, I place a small portion of the medicine on the back of his left hand, and watch the result; in every instance the action has been almost instantaneously visible. I once tried putting the medicine on the tongue, but one globule of *Sepia* 12 altered the normal motion, and retained it in its altered condition for fully two hours, so that it was far too serious a loss of time to proceed in that way. To avoid error I tried the effects of pure *saccharum lactis*, and of the unmedicated globules, so as to be satisfied that the effects produced were dependent solely on the medicine. In proof therefore of my first proposition I may mention that every remedy I have yet tried, and they have been mineral, vegetable and animal, manifestly affects the normal magnetic currents now proved to exist in our bodies, and this effect is just as readily produced by globules of the 6th, 12th and 30th potencies as by the lowest trituration. In proof of my third proposition, viz., that, in a certain sense, the action of our remedies is altogether independent of quantity, and I may state that *sulphur* Θ , *sulph.* 5, and *sulphur* 30, affect the current equally rapidly, in precisely the same manner and without any detectable difference of force. But the most beautiful experiment I have yet performed is *the rendering visible homœopathic action*. For this purpose I arranged the following experiments: 1, I tried *mercurius* in the usual way, and found that it reversed the normal current: 2, I tested *bismuth*, and found that it likewise reversed the current: I then got the operator to touch the Magnetoscope and set up the normal current, having done so, I placed some *bismuth* 1st trit. on the back of his left hand, which as formerly reversed the current, and then with the current fully reversed I placed on the same hand (the left) some *mercurius* 3rd dec. trit., and the current at once became unsteady and within a minute returned to its normal direction, thus showing that *two substances dissimilar to each other, but each equally capable of reversing the current, mutually destroy each other's effects, and accordingly the normal current is restored*: 4, To complete the series I performed the following experiment:—I must premise however that the machine is capable of being used in two states, which may be termed active and passive: in the active condition, which is the one I have hitherto referred to, a normal circular current from left to right is produced by contact: in the passive condition however no current is normally produced, but can be

made to occur by placing, either on the operator's hand, or on a certain part of the instrument, any substance capable of producing magnetic currents in the human body. In the experiment now to be related, I employed the machine in its *passive* state, and having first proved that all was right, by the operator holding the instrument, and observing that no current was produced, I applied some *mercurius* to the instrument, which at once set up the characteristic reverse current; I then placed another portion of *mercurius* on the operator's hand, and the effect was somewhat to increase the force of the current, but in no other way did it modify it. Once more I removed the *Mercurius* from the operator's hand, but left the portion on the machine, the reverse current of course continued, and then applied to his hand a substance capable of producing a reverse current, and the result was that the pendulum speedily came to a dead stop—the normal condition in the passive state of the instrument.

I cannot do more than thus hint at the results at present; I am however devising an extensive series of experiments, the result of which I shall have much pleasure in communicating. The subject however is a very large one, and will require many months to develope; I did not therefore feel myself warranted in withholding the above information from my colleagues, and I need scarcely add that if any of them choose to pay me a visit they shall see with their own eyes what I have just detailed. One thing I must guard you against, do not suppose that I have concluded from the above results that the action of our remedies is itself magnetic; not so. I do not see any proof whatever of such a thing. It certainly demonstrates that they possess the power of altering the magnetic currents in the human body, and it further proves that these currents are subject to the homœopathic law; but I have no proof as yet that disease consists in an alteration of these currents, and until this is demonstrated the therapeutic action of our remedies cannot be shown to have any direct connection with their magnetic power."

We trust Dr. Madden will pursue these investigations, which even in their present state are so interesting to the homœopathist, and which we have no doubt will be productive of important results.

HOMŒOPATHIC INTELLIGENCE.

Homœopathic Medical College of Pennsylvania.

We have great pleasure in laying before our readers the following Extract from the Fourth Annual Report of this vigorous and flourishing University. It will be seen by it, what an effective system of instruction is there given to the students; and it is very pleasing to observe the steady increase in the number of graduates. The number of students in 1850-1,

was 70, and the number of graduates 29. Among the latter were Dr. Laurie of London, and Mr. McDowell of Manchester. The example they have set may be followed by those who are refused their legitimate honours in their native Universities.

“ A more full and complete course of instruction is given in this Institution than is usual in other medical colleges. The endeavour will be made by the teachers to present the different objects of study in a manner to sustain attention ; and this is the more easily accomplished in consequence of the highly philosophical and comprehensive law of homœopathy imparting a stimulus to more minute and scientific research. This deeper interest is elicited not only from witnessing the effects of minute doses of medicinal atoms upon the animal economy, but from the fact that many of the recent developments in various branches of science, reveal phenomena as the results of causes either very attenuate or even inappreciable, excepting in their effects.

“ The law of *simile* leading to a closer approximation of the causes of phenomena, and their more rigid observation, and thence to their more ready solution, infuses into the teachings of all the branches of medicine an extraordinary interest.

“ The Professor of Biology and Pathology, therefore, will, in addition to a general description of healthy and diseased function, demonstrate the minute structure of organs and tissues, their peculiarities as exhibited in health and in disease, and explain those differences of sensation which are expressive not only of the nature of the morbid action but of the kind of structure affected ; thereby obtaining the indications for the remedial measures to be adopted.

“ From the Chair of Anatomy, instructions will be given both of a general and special nature—those parts will be particularly dwelt upon, an accurate knowledge of which is necessary for a successful surgical practice. When upon the distinctive characters of structure, for example, upon the tissues or cerebro-spinal system, opportunities will be afforded for remark upon phenomena connected with an abnormal condition of such parts and their specific therapeutical indications.

“ Throughout the course of lectures upon *Materia Medica* and Therapeutics, there will be pointed out the relative value of medicinal symptoms, as well as such as are characteristic ; likewise, those diagnostic qualities by which to select from numerous medicinal symptoms apparently corresponding with those presented in disease, the properly adapted medicine. All the facts necessary to be known in the history of plants in their connexion with medicinal properties ; the parts used, the cautions to be observed, and the means to be employed in their preparation, will be fully explained. Similar instruction will be given in relation to the articles obtained from the animal and mineral kingdoms.

“ It will be the duty of the Chair of Homœopathic Institutes and Practice of Medicine to expound the law of *similia similibus curantur* ; to

divest it of all hypothetical embarrassment, and present it in its simple, and, therefore, in its most forcible aspect as a great law of nature. To explain, also, the rules of its application; and in further confirmation of its truth, show how it adapts itself to every modification of morbid action. The histories of disease will be succinctly given; but to their symptoms, diagnosis, and prognosis, and especially to their treatment, the most minute directions will be bestowed.

"It will be the province of the Clinical Instructor to teach the proper mode of examining patients with a view to the most correct appreciation of their condition, and to designate the appropriate means of relief. An important part of these examinations, in a very great number of cases, is auscultation; the knowledge of which is indispensable to correct diagnosis, prognosis, and treatment. To this Chair belongs likewise instructions in regimen, clothing, ventilation, and such other circumstances which not only aid nature in her restorative efforts, but are absolutely necessary to the favourable action of medicinal agents.

"The course of Chemistry and Toxicology will be full and complete. This branch of science when studied specially as an aid to medical practice is invested with additional interest to the homœopathic student. In which relation much greater nicety and precision are required in the preparation of medicinal agents. The interest is likewise increased from the striking analogous facts which this science furnishes in support of the law of *similia*, in the minute division of atoms as detected by chemical tests, and in the wonderful phenomena effected by agents which are possessed of neither weight, volume, nor colour, viz.: light, heat, and electricity.

"The teachings of the Chair of Surgery will be in accordance with the great reform which the Homœopathic principle has wrought in all other branches of medical science. By its influence the field of Medico-Surgery is completely reformed and enlarged, and the surgeon is enabled to relieve without resort to painful operations many diseases which were formerly surrendered to the knife. But, as all operations performed can be relieved only by surgical contrivances or operations, they will be taught in all their minutiae by this Chair. The most approved methods of operation will be shown upon the subject, or illustrated by models, &c., and when opportunity offers, on the patients before the class.

"The female sex is subject to many and varied ailments. Whilst the peculiarity of her organization renders her more obnoxious to disease, it for the same reason causes a greater susceptibility to medicinal action. In no branch of medicine is the power of homœopathy more frequently and strikingly witnessed than throughout the entire range of the diseases of females. The period of utero-gestation, which, under allopathic management, may, with truth, be regarded as a pathological condition, under homœopathic guidance is what nature designed, a physiological process. In the diseases of the puerperal state, as well as those occurring during

lactation, homœopathy exhibits its incomparable superiority. Upon the instrumental part of obstetrics, the most minute instructions will be given. To the Chair of Midwifery belong also the diseases of children ; to a consideration of the most serious of their complaints a portion of the course will be devoted.

“The remaining Chair to be noticed is that of Botany and Medical Jurisprudence. As a necessary adjuvant to *Materia Medica*, the necessity of a knowledge of the former of these subjects is obvious. A large portion of our remedial agents is obtained from the vegetable kingdom, and from the same source we expect to receive, hereafter, many important acquisitions. In addition to the regular winter course of Lectures, a summer course, given by the Botanical Professor, affords students, in rambles over the country, a favourable opportunity to acquire a practical knowledge of this subject. To Medical Jurisprudence, in most colleges, little, if any attention is given ; and yet, upon its possession may rest, not only the individual reputation of the physician for a proper knowledge of his profession, but upon the amount of such knowledge may depend also, the reputation, property, or even lives of individuals, who, whether innocent or guilty, are arraigned before the tribunals of justice. The vast importance of the law of simile in times long past, had it been known, would afford, were this the proper occasion, a curious as well as interesting subject for consideration.”

The Second Annual Congress of British Homœopathic Practitioners.

The Congress of this year was held in London on the 23rd and 24th July, at No. 32, Sackville Street. The attendance of practitioners was very numerous, amounting to upwards of sixty, from various parts of Britain. Drs. Perry and Hubert, from Paris, were also present. Dr. Black was elected Chairman.

The proceedings were opened by the report of the Secretaries, Messrs. Hering and Engall, after which Dr. Russell read an address, the publication of which in this Journal was voted (see p. 559.)

Dr. Ozanne next read a paper upon medical ethics, especially as affecting the relations of allopathic and homœopathic practitioners. He proposed a series of resolutions, which after some discussion were adopted in the following modified form.

“1st. That the members of this Congress, being duly qualified medical practitioners, have adopted the principle or law of Homœopathy, and have applied it in practice after a careful experimental examination of its truth.

“2nd. That being thus convinced of its practical value in the treatment of disease, they have felt it their duty to establish hospitals and dispensaries, for the double purpose of relieving the sufferings of the poor and

of affording opportunities to the medical profession to observe the facts in support of the truth of this law and of its beneficial operation, and they will continue these and all other legitimate means of promoting its general adoption, notwithstanding the opposition manifested against it."

Dr. Russell then read some resolutions that had been passed at a meeting of homœopathic practitioners held at York the day previous, recommending the Congress to take measures for the protection of students who believed in homœopathy. Dr. Russell, after describing the position in which students of homœopathy stood with respect to the Universities, and adducing Mr. Pope's case to shew the resolution of these bodies to reject candidates suspected of having a homœopathic bias, proposed, in order to get over the immediate difficulty which the proceedings of these bodies would occasion, that they should themselves appoint an examining body, and propose to the Homœopathic College of Pennsylvania that it should grant its degrees to those students who were rejected by the licensing bodies of this country on account of their homœopathic tendencies, after passing a satisfactory examination before this examining committee and receiving its certificate.

A good deal of discussion took place on this subject, and finally a committee of five was appointed to report next day on the best mode of acting under the present circumstances.

Dr. Russell presented specimens of the poison of the Coluber Naja, which he invited members of the Congress to prove. He also called the attention of the homœopathic chemists to the fact, that the globules when sent out to India often became agglomerated and unfit for use.

Dr. Dudgeon called the attention of the Congress to the Pharmacy Bill introduced into the House of Commons by Mr. J. Bell, which if passed in its present form would very much interfere with future homœopathic chemists. A committee, consisting of Dr. Dudgeon and Messrs. Turner and Walker, was appointed to watch the progress of the bill in Parliament, and take measures for ensuring its modification or rejection.

At the second meeting of the Congress on the 24th instant, Dr. Stummes read a paper on the advantages of combining the homœopathic and hydropathic systems in the treatment of disease.

The committee appointed at last meeting presented their report, in which they recommended the immediate formation of an association consisting of professional and non-professional persons, to protect the interests of homœopathic students and the public. After some discussion, and a little opposition on the part of some members of the English Homœopathic Association, the report of the committee was agreed to, and it was resolved, that immediately on the dissolution of the Congress, the members should form themselves into an "Association for the Protection of Homœopathic Students and Practitioners."

The place of meeting for the Congress next year was fixed for Edinburgh. Drs. Russell and Wielobycki were appointed secretaries, and

Drs. Scott, Macdonald, and Beilby were named as a committee to assist in the necessary preparations. The Congress was then dissolved.

The members present then formed themselves into the protective Association, and elected Dr. Hamilton to the chair. After much discussion a committee was formed for carrying out the objects of the Association.

The members of the Congress and some of their friends afterwards sat down to a splendid banquet at Soyer's Symposium, Mr. Sharp, of Rugby, in the chair, at which numerous toasts were given and many brilliant speeches were made, for a report of which we must refer the reader to our weekly contemporary the *Homœopathic Times* of the 2nd August.

Congress of Homœopathic Practitioners at Leipzig, and Inauguration of a Statue of Hahnemann there.

The Meeting of the Central Homœopathic Society of Germany was, as we formerly announced, to be this year distinguished by one of the most remarkable events in the history of homœopathy, namely the Inauguration of a Statue at Leipzig of the illustrious founder of the system.

Such an event was certain to bring together the adherents of the system from many distant places, to do honor to the memory of their great master, and we anticipated no small gratification from our visit to Germany on this occasion, nor were our anticipations without foundation, for we found assembled at Leipzig this year a large assemblage of the veterans who had done good service to the cause from the earliest period of its existence, and of the rising generation of zealous and able workers, from whom great things may yet be expected.

The preliminary meeting of the Society was held on the evening of the 8th of August, in a large room in the Hôtel de Pologne, the president for this year being Dr. Melicher, of Berlin, who opened the meeting with an appropriate address. He was followed by Dr. Bamberg, who brought forward a proposition for the formation of a fund for the relief of homœopathic practitioners who by their age, infirmities or sickness might be incapacitated from following their profession. His proposition was eloquently supported by Dr. V. Meyer, of Leipzig, but after considerable discussion it fell to the ground, most of the speakers deeming it too soon to enter upon such a project.

Dr. Rentsch, of Wismar, the inheritor of the notorious high potencies of the late Stallmeister Jenichen, which have created such discussions and dissensions among homœopaths, proceeded next to give an account of Jenichen's mode of preparing his medicines, as far as he could gather the mysterious secret from the letters and papers committed to his custody by the executors of the celebrated Stallmeister. He observed that he would long since have published what he knew, had not Dr. Hering, of Philadelphia, who professed to know all Jenichen's secrets, promised to reveal them. From what we could learn from the unconnected extracts read by Dr. Rentsch,

it would seem that Jenichen varied from time to time his mode of preparing his secret potencies. The following, however, seems to be the mode latterly adopted by him. He took the 29th dilution of the ordinary Hahnemannian preparations, and allowed it to stand with the cork out of the bottle until it was all evaporated. Commencing from this as his zero, which we believe to be a very airy foundation, imagining as we do that the medicinal virtue is united with the alcohol, and when the latter is gone the former is not likely to remain behind, for though we have reason to believe that the medicinal power can unite with alcohol or milk-sugar, there is no evidence that it can combine with glass—commencing then with this, the illustrious Stallmeister proceeded to make his high potencies, sometimes with the usual proportion of one drop of medicine to 99 of spirit, but latterly always with a much larger quantity of the diluting fluid ; at last, as it appeared, with the proportion of 12,000 drops of alcohol to two drops of the previous dilution, and with a number of succussions to each dilution varying from ten to thirty. The bottles he used were of such a size as that the dilution filled them only to one-third, and the power he expended upon his preparations must have been considerable, as his strength was Herculean, and he worked with all his might every night, from 10 o'clock till 3 in the morning. He used but one bottle for each medicine, and employed French brandy as his diluting medium.

Such are the chief outlines of the Jenichen mysteries as far as Dr. Rentsch could reveal them. We do not suppose that any of our brethren will be disposed to imitate him in his pharmaceutical processes, which we cannot but think were the offspring of the same disorder of the mind that afterwards led their author to commit suicide.

After Dr. Rentsch's communication, the Society next proceeded to arrange the subjects for the next day's consideration.

On the 9th August the Society assembled again in the Hôtel de Pologne, at 10 A. M.

The president, Dr. Melicher, again opened the meeting with a suitable address, and then called upon

Dr. Clotar Müller, who read an account of the state of the Poliklinik or Dispensary in Leipzig, which is supported by the Central Society, and is the sole relic of the hospital that formerly flourished there, but that fell to the ground when the support of the state was withdrawn from it. Dr. Müller's report shewed the affairs of the Institution to be in a very flourishing condition, both as regarded funds and patients, the latter having increased yearly since the opening. Besides the report, Dr. Müller delivered a sort of lecture on the uses of clinical experience, which was worthy of the high reputation of its gifted author.

During the delivery of Dr. Müller's discourse, an event occurred which had nearly deprived the world of the services of near a hundred homœopathic practitioners, and put a summary stop to the proceedings. Whilst the assembly was listening to the eloquent speaker, suddenly a

loud noise like the discharge of a large piece of ordnance was heard as if in the house; this was speedily followed by another still louder, which alarmed the assembly so much that the greater part rushed tumultuously to the door, and the sitting had to be suspended for a time. It was then ascertained that immediately beneath the room was a shop where fireworks were sold, two boxes of which had by some carelessness successively exploded, and there the mischief stopped; but it might have been much more serious, as there was nearly a hundred weight of gunpowder in the shop, which, had it caught fire, would have made short work with the assembly above. Beyond the breakage of a good many panes of glass, however, no damage was done, and the members having regained their composure resumed their places.

The veteran Dr. Schreter, of Lemberg, who is well known to the student of homœopathic literature as one of the most devoted provers of the Hahnemannian drugs, next addressed the meeting on various subjects. He stated that as regards the repetition of medicines, the invasion of the cholera in 1831 had opened the minds of homœopaths to the necessity of repeating the dose in some cases, and it was his opinion that in acute diseases the medicine required to be frequently repeated, whereas in chronic diseases the reverse was the case. Thus, chancre, which he looked upon as an acute disease, required to be treated with frequently repeated doses of the homœopathic medicine; whereas warts, tumours, &c., were only to be successfully met by giving one dose, and waiting until the period of the duration of the action of the medicine had expired. He narrated the case of a wart on the upper eyelid which he had successfully treated with a dose of *calcareo* 2000. After two months no change was visible, but at the end of three months the wart completely disappeared, having first inflamed and suppurated. In a case of encysted tumour on the scalp, the size of a walnut, he gave *baryta* 2000, and applied cold wet compresses every night; at the end of five weeks the tumour became smaller and softer, and of a red colour; a few weeks later it was still softer; the patient then complained of pressive pain in the head, for which he got *sabina* 2000, and a few weeks later the tumour had entirely disappeared. As a specimen of the powerful action of the high potencies, he cited a case of dysmenorrhœa in which he had given *arnica* 1000; at the next period a violent aggravation was perceived, and the patient exhibited on her body many black, blue, green and yellow spots, as though from contusions. After this the disease ceased entirely. In the first period of his homœopathic practice, when he rigidly gave the 30th dilution, he frequently observed aggravations; at a later period, when he gave the medium dilutions he ceased to perceive them; and now, when he generally gave nothing but the high dilutions, he again perceived them. He next entered into a description of the method of treating disease invented by Schroth, which we have described in the last vol. under the title of the *thirst-cure*. He detailed the history of several cases he had observed

under this treatment, among the rest a case of swelling and induration of one of the testicles, which had resisted all kinds of treatment, including the water-cure under Priessnitz, but which yielded perfectly to Schroth's method; also a case of cancer of the breast, one of deafness, and one of amaurosis, all of which had been perfectly cured.

Dr. Theodore Rückert, of Herrnuth, announced that he was about to publish a collection of all the recorded cases of homœopathic treatment, which should serve as a clinical guide to the study of homœopathy. He was followed by

Dr. Würzler, who gave an account of his own experience in certain diseases. He mentioned that he had found *gratiola* the best medicine for fully developed rapid cholera. In cases where the cholera came on slowly and was attended with excessive coldness, he had found *secale cornutum* the best remedy. *Argentum nitricum* was specific when along with the cholera there was well marked spasm of the diaphragm. He had treated from 50 to 60 cases of pustula maligna, and for that disease he had found the best remedies to be *secale cornutum* and *belladonna*. He next entered into some details concerning his experience in the diseases of females. When during the first months of pregnancy there was excessive sickness, so that the stomach rejected everything, *asarum* was specific. In the œdema vulvæ that occurred during pregnancy, *mercurius* was curative. A frequent cause, he stated, of miserable and unhealthy children, was the existence of too much liquor amnii, which could be recognized by the belly being too big even in the 3rd month; in this state of things *secale cornutum* was an excellent remedy. When during the labour pains there occurred a great hemorrhage, apparently from the placenta, he gave *ipecacuanha* with great success. When the labour was excessively painful, with no progress towards an expulsion of the child, the vagina hot and much febrile commotion, *aconite* was the remedy. In cases of mere indolence of the uterine action, the medicine to be employed was *borax*. *Pulsatilla* should not be employed for this purpose in the commencement, but if the child's head was already in the opening of the pelvis and the action of the womb was insufficient for its expulsion, then *pulsatilla* acted excellently. In eclampsia puerperalis the author observed that there was a remedy which was quite specific, and that was *geum urbanum*. He had cured four cases of it with this medicine. In a subsequent conversation with Dr. Würzler respecting this remarkable statement, as to the absolute specificity of *geum* in puerperal convulsions, we were unable to elicit anything satisfactory from him respecting the reasons that had led him to the selection of this medicine, concerning whose physiological action we know nothing. Dr. W. seemed to think we ought to be satisfied with the fact, that he had had four cases of eclampsia all of which he had treated with *geum* and all of which had recovered. He did not condescend to state how many cases he had had which did not recover under other medicines, nor did he enter into the particulars of the cases he had treated, so that

we must beg our readers to receive Dr. W.'s deductions *cum grano salis*. In order to favour the expulsion of the placenta he administered *pulsatilla*; if the retention of the placenta was accompanied by hemorrhage, *ipécacuanha* was necessary. When the placenta was adherent, the hand introduced into the uterus was the only remedy. In arterial bleeding from partial separation of the placenta, *ipécacuanha* was the remedy; but when the blood was dark and clotted, *crocus* must be employed. In cases of delivery by instruments where there was always more or less bruising of the parts, *arnica* was invaluable, and *aconite* was a certain preventive of fever after delivery. Cases of puerperal peritonitis yielded to no medicine so readily as to *spigelia*, which he considered quite specific in that formidable disease. Where there was inflammation of the ovaries or uterus after abortion or premature labour, *sabina* was specific.

In the swellings on the head of new-born infants, the external application of *arnica* was the remedy to be employed. When the bruise was very extensive and there existed great effusion beneath the scalp, *rhus toxicodendron* should be given internally. *Rhus* was also specific for the disease known as housemaid's knee. In erysipelas neonatorum, which was apt to degenerate into scleremia, the specific he had found to be *taraxacum*.

For that peculiar painful state of the vagina and uterus, where the vagina was to a certain degree contracted and very sensitive, rendering the act of coition painful, *polygala* and abstinence for a whole year from connexion were always successful.

He had had under his care a case of hypertrophy of the ovaries, consequent on an abortion 25 years previously in a woman of 50: her belly was as big as that of a woman with twins at the ninth month; the weight of the tumour was so great that she could get no rest for it day or night, for however she lay the tumour caused great pain by its pressure, the rectum was contracted and the evacuation of the feces was attended with great pain. He gave a dose of *lactuca virosa* every day, and at the end of two years all the sufferings connected with the tumour were gone, and the tumour itself was diminished to the size of a child's head.

The medicines he employed were all in the 12th potency, and each potency was prepared by trituration only.

Dr. Leder stated, that in Lauban where he resided he had obtained the direction of an hospital belonging to a religious sisterhood, into which he had introduced homœopathy, and he hoped to be able at the next meeting to lay before the Society the results of his practice there.

Dr. Russell, of Edinburgh, exhibited specimens of the poison of the *coluber naja*, which he had brought to Germany in order that his colleagues might obtain this poison in a pure state and assist in the provings which had been commenced in England.

Dr. Wahle, of Rome, exhibited a specimen of the *tarantula* which he likewise recommended the Society to prove.

On the 10th of August the Society and their friends again assembled in the Hotel, at 10 A. M., and Dr. Meyer, of Leipzig, read an oration appropriate to the festival they were that day to hold, which had been written by Dr. Rummel.

Several poems in honour of the occasion were read, among the rest one from Mme. Süss, the favourite daughter of Hahnemann, which she had entrusted to Dr. Dudgeon to deliver to the Society.

At 12 o'clock the members of the Society, the burgomaster and town council of Leipzig, and the adherents of homœopathy, who were present in large numbers in honour of the occasion, marched in procession to the site of the statue, which is excellently situated on the beautiful promenade that surrounds this charming town. The sun shone brilliantly, and the good Leipzig burghers with their fair wives and daughters had mustered in immense numbers to witness the imposing ceremony. As far as the eye could reach was a dense crowd of citizens, and every window that commanded a view of the spot was thronged with ladies and gentlemen. The police formed a way for the procession, which was very long, consisting of about 300 or 400 individuals, to the enclosed space where the statue stood, enshrouded in its long canvas veil. When those who formed the procession had arranged themselves around the statue, where they were joined by many elegantly attired ladies, whose brilliant dresses contributed along with the garlands of flowers that were hung around to impart liveliness to the otherwise sombre group of black coats and white waistcoats, a *Te Deum* was excellently performed by a band and chorus. After this, Dr. Melicher stepped forward and delivered the following impressive oration.

"Gentlemen,—If it should appear presumptuous that I should this day, in this place, amid such a numerous audience, be the spokesman, I am indebted to several concomitant circumstances for this honour, but chiefly to the confidence of my fellow-practitioners and the friends of Homœopathy, who at the meeting of the Central Society last year at Liegnitz did me the honour to elect me director for this year, and confided to me all the business of promoting its original object.

"But the object of this Society, founded at Cöthen in the presence of the Master, on the 10th of August 1829, the fiftieth anniversary of the day when HAHNEMANN received his degree, is "the promotion and advancement of Homœopathy," for which end a meeting of homœopathic practitioners and non-medical persons is appointed to take place every year in a different part of Germany and under a different presidency.

"This arrangement had been faithfully carried out until the year 1848, when it became impossible, but in the year 1849 it was resumed, and has been continued until the present day, which is the 22nd meeting during the 23 years of its existence.

"After having, as we believe, fulfilled all the conditions of our statutes, there still remained for us a duty to perform of a peculiar character, namely to dedicate to our master, SAMUEL HAHNEMANN, the Discoverer and Founder of Homœopathy, a monument, in order that posterity might make pilgrimages to it, and be enabled to look upon his likeness.

“Although this year the 10th of August occurs upon a Sunday, yet the authorities of this city have given us leave to celebrate our Sabbath *this* day, and on the spot which they have politely given us for the monument of HAHNEMANN. If thereby we have justified our project and the unusual character of our action on this day, yet perhaps some one might ask us, ‘Who was Hahnemann? what did he do? what great deed did he perform? and how is he made the recipient of such great honours?’

“SAMUEL HAHNEMANN, the son of a poor painter on porcelain, of Meissen, studied in this town of Leipzic, and first publicly enunciated his new method of treatment at the world-renowned university of this city, which has already educated so many heroes of science. At an early period he discovered remedies which would alone have served to transmit his name to posterity. Though there may not be anything very extraordinary in the fact of nature’s high-priests searching for and finding out medicinal agents for the cure of the sick, yet HAHNEMANN peculiarly deserves the gratitude of science and of all humanity, which none of his predecessors can share with him, and which is and will remain in all ages his own property. He discovered what had long been sought for in vain, the general fundamental therapeutic rule, and expressed it in three words, ‘*similia similibus curentur*’—like cures like. Conscious of the greatness of his discovery, well might he say with Gellert:

Die Wahrheit, die wir alle nöthig haben
Die uns als Menschen glücklich macht,
Ward von der weisen Hand, die sie uns zugedacht,
Nur leicht verdeckt, nicht tief vergraben.

The revelation of this truth was the occasion of much annoyance to him, for hitherto *hatred* (*contraria contrariis*) had been the chief rule in medicine. He was abused, he was persecuted; Germany became intolerable to him, a German, so that in place of his earthly remains we could only deposit his works in the foundation stone of his monument. And yet it was he who shook and destroyed the foundation of the old school of medicine, so that it is now compelled to construct a new building—and yet it was he who at length led men to a system of diet and regimen consistent with nature—and yet it was he who taught us how to bring up a new race that should have a healthy frame and a healthy mind. Thus he is not only a reformer of medicine, but rather a reformer of all human society; his doctrine a religion, and its practice a cultus.

“Thus HAHNEMANN, by the power of his doctrine, which is founded on natural laws, has obtained for homœopathy the rare distinction that it is not the exclusive property of his father-land, Germany—not the exclusive property of Europe, but that it belongs to the whole world; for all languages name him—from the north to the south, from the west to the east, all nations acknowledge the Master—HAHNEMANN.

“What doctrine can boast of such an extensive, such a blessed, such a magnificent and lasting success? These are the reasons for his obtaining a monument, to which all nations, but especially the German people, have contributed the requisite funds, in order to give him a feeble testimony of their fidelity, gratitude and veneration.

“Because HAHNEMANN was a citizen of Leipzic, because it was here he discovered homœopathy, and the first homœopathic institution was founded in this city, which was chiefly supported by the generosity of its citizens; for these reasons is his monument erected here.

“That monument is completed; it stands before you; a veil alone con-

ceals it from your sight.—Remove the veil! Hail to thee, Father HAHNEMANN!”

At these words the veil in which the statue was enshrouded fell to the ground, and the metal likeness of Hahnemann stood forth to view amid a joyous flourish of trumpets and the cheers of the assembled multitude. The vocal chorus sung an ode composed for the occasion, after which Dr. Melicher resumed:

“There are, no doubt, many among you, my esteemed hearers, who knew HAHNEMANN personally. Is this not a striking likeness of him? Is this not he, on whose thoughtful brow Pallas Hygieia has stamped the revelation of homœopathy? It is he; and the artist has represented him sitting after the ancient style as though he were engaged in writing his motto ‘Aude sapere!’

“So let his statue stand in honour of his services to science and art; let it testify to posterity that these services were recognized in his own time; let it stand as an incitement to all who tread the toilsome but remunerating way of truth; and let it be commended to the attention of all who derive pleasure from the works of plastic art.

“To you, esteemed Fathers of this beautiful city, who so kindly granted all our requests, I am commissioned by the founders to deliver to your protection this simple monument, which I do by this deed. May it be till the remotest times an ornament to these walks, a source of joy to your citizens.”

Thereupon Dr. Haubold stepped forward and read aloud the deed, conveying the statue over to the authorities of Leipzig, which was beautifully written in the highest style of the caligraphic art, and ran as follows:

SAMUEL HAHNEMANN,
born the 10th April, 1755, at Meissen,
died the 2nd July, 1843, at Paris,
Doctor of Medicine:
To Him,
The Founder of Homœopathy,
The Central Society of Homœopathic Practitioners
erected at Leipzig,
the centre of Germany, the birth-place of his Discovery,
on the 10th of August, 1851,
this bronze Monument,
in grateful recognition of his immortal doctrines,
and his invaluable services to medicine.

This was accomplished in the following manner:

1. By means of a committee consisting of Dr. C. Haubold, Dr. F. X. Melicher, and Dr. Fr. Rummel, who chose as their artistic adviser, Mr. Augustus Stüler of Berlin, architect to the King of Prussia.

2. By means of the artists, Mr. Charles Steinhäusser, who modelled the statue, and Dr. Emilius Braun, who cast it in copper by the galvanoplastic process—both of Rome.

3. The pedestal is of Silesian marble—after the design of the architect, Mr. A. Stüler—from the atelier for statuary of Hiller and Einsiedel of Leipzig and Dresden.

4. The erection of the monument was conducted by Mr. Geutebrück,

architect to the University, and executed by Mr. Purfürst (as master-mason) and Mr. Bach (as master-carpenter).

The foundation stone of the monument was laid in solemn silence on the 23rd of May by the undermentioned Directors, and the monument was unveiled, and publicly delivered up by means of this deed to the worshipful magistracy of Leipzig on the 10th August, 1851.

Done on Sunday (the 8th after Trinity) the 10th of August 1851.

Signed,

Dr. F. X. Melicher,
Dr. Fr. Rummel,

Dr. C. Haubold,
A. Stüler.

The deed was accepted by the Chief Magistrate, who returned thanks in the name of the town of Leipzig for the beautiful ornament to the town, and, addressing the assembled citizens, he commended the statue to their care.

Hereupon the aged Dr. Stapf, the oldest and dearest friend of Hahnemann, and the oldest living representative of homœopathy, stepped forward, and deposited at the foot of the statue a wreath of laurel. It was touching to see the feeble old man, who seemed to be deeply moved by the part he had to perform in the ceremony, as he tottered forward with uncertain steps to bestow the emblem of immortality on the effigy of the dear friend of his youth and manhood, with whom he had borne the scorn and persecution of an illiberal world, and whom he would ere long rejoin in another and a better world.

After this the procession re-formed and returned to the Hotel.

At 2 o'clock the friends and adherents of the homœopathic system sat down to a sumptuous dinner in the Hôtel de Pologne, at which Dr. Melicher presided as chairman, having on his right hand the chief magistrate of the city, and on his left a distinguished member of the town council. The dinner was enlivened by toasts, speeches and songs. The latter were all composed for the occasion, and were sung with great taste and energy by the whole company, accompanied by an excellent instrumental band. All the songs were excellent. We subjoin the only one that was not German, which we have no doubt will be read with pleasure, abounding as it does with wit and good-natured satire.

Gaudeamus igitur,
Dum conjuncti sumus:
Hahnemanni hospites!
Bibere ut veteres
Ecce! Nostrum munus.

Ubi sunt, qui itidem
Fortunati erunt?
Abeas ad humiles,
Ipsi certo principes
Nobis invidebunt!

Vita brevis, longa ars!
Cous senex docet:
Procul sit hæc regula,
Regnent hodie pocula,
Vinum nunquam nocet.

Vivat artis conditor,
Et defunctus vivat!
Cujus stat memoria,
Immortalis gloria,
In æternum vivat!

Vivant ei similes
 Simili curantes :
 Vivant artis vindices !
 Vivant almi principes,
 Artem honorantes !

Vivant et contrarii
 Contrariis curantes !
 Facultates medicæ
 Omnes scholæ clinicæ !
 Deus providebit.

Apage compositum !
 Adjuvans in basi,
 Corrigena, Excipiens,
 Medicinas dirigens,
 Requiescant pace.

Floreant Specifica,
 Sulphur et Sabina,
 Aconitum, Phosphorus.
 Floreat in omnibus
 Homœopathia !

The festivities terminated with a ball in the evening, which was kept up with great spirit till a late hour.

The next morning witnessed the dispersion of most of those who had come to Leipzig in order to be present on this interesting and never to be forgotten occasion.

Among the homœopathists present at Leipzig, and who assisted at the meeting of the Society and the ceremonial of the unveiling of Hahnemann's statue, we may mention the following.

Germany was represented by
 Dr. Stapf, Dr. Bönninghausen, Dr. Rummel, Dr. Haubold, Dr. Melicher, Dr. Schmieder, Dr. Würzler, Dr. Schneider, Dr. Weber, Dr. Rückert, Dr. V. Meyer, Dr. Cl. Müller, Dr. Leder, Dr. Rentsch, Dr. Rath, Dr. Gerster, Dr. Hartlaub, Dr. Davidson, Dr. Kiesselbach, Dr. Hirschel, Dr. Trinka, Dr. Wolf, Dr. Tietzer, Dr. Altmüller, Dr. Fielitz, Dr. Patzack, Dr. Bamberg, Dr. Schubert, Dr. Bolle, Dr. Reil, Dr. Baumgarten, Dr. Link, Dr. Schwarze, Dr. Gross, &c. &c.

England was represented by—
 Dr. Drysdale, Dr. Russell, Dr. Dudgeon and Mr. Hering.

Spain by—
 Dr. Nuñez, physician to Her most Catholic Majesty, and Knight of the Order of Charles III.

Austria sent—
 Dr. Wurstl, Dr. Caspar, Dr. Schreter.

Bohemia—
 Dr. Hofrichter of Prague.

Italy—
 Dr. Wahle, of Rome.

Denmark—
 Dr. Pabst of Copenhagen.

It was a matter of considerable astonishment that France which is in such immediate connection with Germany by means of railways had furnished no representative from among her hundreds of homœopathic practitioners.

It was indeed a most interesting occasion, and nothing similar could ever occur again; we doubt if any event could bring together such an array of medical men from all parts of Europe as this, and it is a strong proof of the vitality of homœopathy, and of the earnestness of its adherents, that so many of its practitioners have collected sufficient funds to erect an expensive and enduring monument to the memory of the illustrious founder of their system, and have performed pilgrimages from all distant parts of Europe, in order to be present at the ceremony of its inauguration.

And now let us say a few words on the monument which has just been consecrated to the memory of Hahnemann. The height of the figure as it

sits is six feet ; it is formed of pure copper made by the galvano-plastic process by Dr. Braun of Rome, from the model by Steinhäuser of the same city. The pedestal is of grey marble, highly polished and standing on three granite steps ; the whole is surrounded by an elegant railing, on the larger pillars of which Aconite and Arnica are represented. The monument stands in a large open space in front of the Hotel Blumenberg, and with the Stadt Theatre on its right ; on its left is a beautiful shrubbery, and the space in front is clear to the distance of several hundred yards. Between it and the theatre runs the road which leads from the town to the favourite resort of the worthy Leipzigers, the Rosenthal. The same road also leads to the large allopathic hospital, and to the Ophthalmic hospital, so that students frequenting these must pass the statue. The pedestal of the statue bears the following inscription :

TO
THE FOUNDER OF HOMŒOPATHY,
SAMUEL HAHNEMANN,
BORN APRIL 10, 1751,
DIED JULY 2, 1843,
BY
HIS GRATEFUL DISCIPLES AND ADMIRERS.

Judged as a likeness of Hahnemann the statue is universally acknowledged to be excellent, but as a work of art we cannot bestow on it unqualified admiration. There is a certain awkwardness in the position which gives it the appearance as if it were about to fall over towards the right side, and it seems to us that there is great poverty of design manifested in the arrangement of the drapery, especially behind, and the seat whereon he sits is by no means elegant or comfortable looking. The best view of the statue is decidedly that from the left and slightly in front, here the faults we have pointed out are not at all observable, and the part of the drapery seen from this position is not deficient in elegance and grace. The pedestal is rather too narrow for the size of the figure which gives it the appearance of insecurity.

Homœopathy in France.

The First Congress of the reconstituted Gallican Homœopathic Society was held this year in Paris from the 5th to the 10th of September. The attendance of homœopathic practitioners from all parts of France was very numerous, and there was also a fair sprinkling of medical men from other countries, England and Spain being the most numerous represented. At the first meeting on the evening of the 5th, the arrangements for the business of the subsequent meetings were made.

At the meeting of the 6th, which was presided over by Dr. Nuñez, of Madrid, Dr. Petroz read an interesting paper on sycosis. He endeavoured to answer the enquiry as to whether this was a specific miasmatic disease, and inclined to the opinion that it was. He also detailed several cases of its successful treatment, one of the most remarkable of which was in a very valuable thorough-bred horse which was completely covered over with sycotic tumours, which, after resisting all manner of ordinary veterinary treatment, including the knife and the cautery, were thoroughly cured by homœopathic remedies, principally Thuja and Nitric acid.

Dr. Nuñez then read a paper on the connection of certain cutaneous diseases with certain chronic maladies : thus he had observed that the disappearance of a herpetic eruption on the scrotum and anus was generally followed by gastric symptoms ; that an eruption on the palms was

connected with asthma in a similar manner, and that an eruption behind the ears was similarly allied to phthisis. Dr. Jahr corroborated Dr. Nuñez's remarks, and added that he was satisfied of the connection betwixt acne (couperose) and organic disease of the heart.

Dr. Roux, of Cette, next read a paper on the advantage of giving a medicine which we considered homœopathic to the case, in both a high and a low dilution at once, which he alleged secured to us the efficacy of both dilutions, and was an important improvement in practice. This paper gave rise to an animated discussion.

On the 8th, another paper by Dr. Nuñez was read, upon the efficacy of the highest dilutions, those of Jenichen being understood by that term. He detailed several cases he had treated successfully by means of them: one was a hypopion consequent on the operation for cataract, which was cured in four weeks by means of *merc.* 6000, and *silic.* 1000, a feat which, we may remark *en passant*, is often performed by nature alone in less time. A case of phthisis was cured, after fruitless efforts by the old system by *sulph.* 6000. Another case was of disease of the heart, in which the patient, when seen by Dr. N. was labouring under the effects of an overdose of *digitalis*, administered by an old-school practitioner; the case was greatly benefited by a dose of *arsen.* 6000, and *puls.* 2000. Probably the subsidence of the overaction of the dose of *Digitalis* had something to do with the good result. The last was a case of sciatica cured by *cham.* 2000.

This paper was followed by one by Dr. Magnan on the dilutions, which gave rise to a very animated discussion, principally directed towards the famous Jenichen dilutions, which were generally condemned by the speakers as being unknown substances, Jenichen never having openly revealed the secret of his preparation, and all that was known concerning them tending to shew that they could not be what he gave them out for.

Dr. Tessier then read a very learned and interesting paper on the compatibility of a minute individualization as recommended in the *Organon*, with a scientific pathology.

On the 9th Dr. Leon Simon, Jun. read a paper upon Psora and the psora theory, which gave rise to some discussion.

The meeting of the 10th was held at 4 in the afternoon, when Dr. Perry read a highly interesting paper on the system of treating nervous disorders by means of Metals, as expounded by Dr. Burq, of which we have given an account elsewhere. He related several interesting cases which had occurred in his own practice of the valuable effects of this treatment in nervous affections of greater or less severity which had resisted all other methods of treatment.

The Congress for 1852 was appointed to take place at Marseilles.

The members of the Congress sat down to a magnificent banquet at half-past 6, in the celebrated restaurant in the Palais National, conducted by Vefour. After dinner numerous toasts were given, which our Gallic neighbours have the good sense to propose with very short speeches, in place of the tediously long ones which are usually delivered on similar occasions in this country. Dr. Petroz presided at the dinner as well as at all the meetings of the Congress with the exception of that on the 6th September.

The state of Homœopathy in France, as far as we could ascertain, is extremely satisfactory. The behaviour of the Faculty of Medicine in Paris towards homœopathic students presents an agreeable contrast to that of sundry Faculties in our country, of which we have had occasion to speak very freely. Our readers are aware that it is no

unusual thing for a student to write and defend a Homœopathic Thesis before the Faculty of Medicine in Paris, we have already had occasion to mention several instances of this sort, and a Thesis of this character is now before us which was presented this year by a graduate, Dr. A. Leboucher; it is entitled: "*From the action of medicines on the healthy person, how far may we form conclusions respecting their therapeutic application.*" Such a thing as rejecting a candidate on suspicion of his homœopathic leaning is utterly unknown in France, and the recalling of a degree on account of the holder practising homœopathy would never be dreamt of. As regards the Thesis we may mention that a student cannot be sent back for that, whatever be the subject he chooses to write on; and an excellent safeguard against plucking candidates on account of homœopathic tendencies lies in the fact of the examinations being conducted publicly. The same is the case with the examinations in Germany, therefore it is that we never hear of such an enormity taking place either in France or Germany as that which happened to Mr. Pope in Edinburgh. We feel convinced that it is the secrecy with which their examinations are conducted that inspires the Edinburgh magnates to the commission of such star-chamber acts as the rejection of Mr. Pope; and we believe that it would be for the interest and advantage of homœopaths in particular, but also of all candidates and of the public, that the examinations of all the licensing bodies should be conducted here as on the continent in public. "They order these things better in France," and so they do also in many other countries that are immeasurably behind us in other respects, but where such inquisitorial proceedings as we witness here are not tolerated.

The number of the homœopathic practitioners is rapidly increasing in France, and they are being reinforced by some of the most intelligent and distinguished amongst the rising generation of medical men; several of this year's converts are young men who have obtained the highest distinctions during their medical studies, and have acted as *internes* to some of the most distinguished professors of the old school.

We paid a visit to Dr. Tessier's hospital. He has 100 beds which are generally all occupied, and the arrangements of the hospital pleased us very much. The wards are airy and high, and the hospital is well situated and well served. Two English practitioners were attending regularly the practice of Dr. Tessier whilst we were there, and we doubt not this will become a seminary for the education and instruction of enquirers. Dr. Tessier is a man of the greatest talent, courteous and communicative, and thoroughly skilled in all the learning of the old school, a first-rate pathologist, an admirable speaker, and with an engaging simplicity of manner. He informed us that he had never met with anything but uniform kindness and respect from the central bureau of hospitals, although at various periods there have been medical men among them, and such is the case at present; not the slightest opposition has been offered to him in the change that he has carried out in the medical treatment of his patients. This behaviour of the directors of the hospital towards Dr. Tessier presents a striking contrast to that of the managers of the Edinburgh Infirmary towards Professor Henderson; in fact, in every phase of the homœopathic campaign in this country we have encountered an amount of narrow-minded bigotry and intolerance, that is without parallel in any part of the Continent, even in those countries where freedom of opinion on other points is attempted to be extinguished altogether, and ultra-conservatism and hatred of change is the ruling passion amongst their governors.

Association for the Protection of Homœopathic Students and Practitioners.

This Association, which as we before mentioned was formed at the Congress in July, has not been idle. Local Committees in connexion with the Central London Committee have been formed in Dublin, Edinburgh, Manchester,* Bath, Brighton, Wickwar, and elsewhere, (we trust the example set by these towns will be speedily followed by every town where there is a homœopathic practitioner,) and the following Resolutions have been inserted in the principal newspapers throughout the kingdom, in reply to the famous Brighton resolutions which we have elsewhere analysed:—

At a Meeting of the Committee, held on the 1st of September, in consequence of the recently published resolutions of the Provincial Medical and Surgical Association, and other allopathic bodies, regarding homœopathy, it was resolved,—

1. That homœopathy is thoroughly reconcileable with science and common sense, is in accordance with the experience of some thousands of medical men, and deserves the study of practitioners and the confidence of the public.

2. That the framers of the hostile resolutions' referred to, and other prejudiced opponents, are totally ignorant of homœopathy, avowedly refusing to study its principles (in the writings of Hahnemann and others), and to witness its practice in the homœopathic hospitals and dispensaries, to which they have been repeatedly and cordially invited.

3. That, notwithstanding the difference in their treatment of diseases, there can be nothing derogatory in homœopaths and allopaths (equals in education, science, and social position) consulting together at the request of patients and friends, as to the nature of the malady.

4. That the resolutions of the Provincial Medical and Surgical Association, representing as they do the opinions of only a small fraction of the allopathic body, are in themselves, and for the reasons given above, utterly valueless.

WM. MACDONALD, M.D., F.R.C.P.E, Professor of Civil and Natural History in the University of St. Andrew's.

JAMES CHAPMAN, M.A. Cantab, M.D.

DAVID WILSON, L.R.C.S.E.

EDWARD HAMILTON, M.D., F.L.S.

THOMAS LEADAM, M.R.C.S.

ROBERT E. DUDGEON, M.D., Secretary.

* We are glad to see that the Manchester Committee have had a public meeting on the subject, at which some excellent speeches were made, and some temperate and well worded resolutions were passed.

BOOKS RECEIVED.

Principles of Homœopathy, in a series of Lectures, by B. F. JOSLIN, M.D. London, J. Leath, 1851.

The Homœopathic Prescribers' Pharmacopœia, by D. Spillan, M.D. London, J. Leath, 1851.

The Prevention and Cure of many Chronic Diseases by Movements, by M. Roth, M.D. London, J. Churchill, 1851.

The Homœopathic Times.

The Flora Homœopathica, by Dr. Hamilton. Parts II and III.

Reply to the Article of J. W. Metcalf in the North American Journal of Homœopathy, No. II, by Dr. J. H. Pulte. Cincinnati, 1851.

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